

70-2
63

KENT COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1960

A. ELLIOTT, M.D., D.P.H.

County Medical Officer of Health

KENT COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1960

A. ELLIOTT, M.D., D.P.H.

County Medical Officer of Health

Printed by

F. A. Clements (Chatham) Ltd., 399 High Street, Chatham, Kent.

SENIOR STAFF — HEALTH DEPARTMENT

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER

A. Elliott, M.D., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

D. M. Lyon, O.B.E., M.B., CH.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICERS

L. M. Allen, M.B., CH.B., D.P.H.

R. A. Begg, M.B., CH.B., D.P.H.

J. H. Hazeldene, M.B., CH.B.

G. P. Wallace, M.A., M.B., CH.B., D.P.H. (Also Principal Medical Officer Areas 3 & 5.)

PRINCIPAL MEDICAL OFFICERS

J. Marshall, M.B., CH.B., D.P.H. .. Area 1.

G. L. Brocklehurst, M.D., D.P.H. .. Area 2.

P. Crowley, M.B., B.CH., D.P.H. .. Area 4.

M. A. G. Ward, M.B., CH.B., D.P.H. Areas 6 & 7.

PRINCIPAL SCHOOL DENTAL OFFICER

E. Millward, L.D.S.

RESIDENTIAL SERVICES OFFICER

W. E. Allison, F.I.S.W.

SENIOR MIDWIFERY AND NURSING OFFICER

Miss D. E. C. Bradley, S.R.N., S.C.M., M.T.D.

DEPUTY MIDWIFERY AND NURSING OFFICER

Miss A. E. M. King, S.R.N., S.C.M., M.T.D.

SUPERINTENDENT HEALTH VISITOR

Miss A. Clarke, S.R.N., S.C.M., H.V. CERT.

DEPUTY SUPERINTENDENT HEALTH VISITORS

Miss N. Lyle, S.C.M., H.V. DIPLOMA, S.I.E.B.

Miss F. L. Gray, S.R.N., S.C.M., H.V. CERT.

SENIOR PHYSIOTHERAPIST

Miss R. Cheeseman, C.S.P.

SUPERVISOR OF COUNTY DOMESTIC HELP SERVICE

Miss N. Burr, S.C.M., H.V. DIPLOMA, S.I.E.B.

SUPERINTENDENT DISTRICT OFFICER

F. J. Cooper

CHIEF CLERK

F. C. Woodruffe, T.D., A.I.S.W.

COUNTY HEALTH INSPECTOR

E. P. May, M.R.S.I., A.I.MECH.E.

AMBULANCE OFFICER

R. H. Wigmore

PRINCIPAL CHIROPODIST

J. S. Russell, M.CH.S.

CONTENTS

<i>Prefatory Letter</i>	4
VITAL STATISTICS	8
NOTIFIABLE INFECTIOUS DISEASES	10
IMMUNISATION AND VACCINATION	11
PREVENTION OF ILLNESS, CARE AND AFTER-CARE.. .. .	14 ✓
ORTHOPAEDIC SERVICES AND TUBERCULOSIS	16
CHIROPODY	16 ✓
CARE OF MOTHERS AND YOUNG CHILDREN	18
HEALTH VISITING	19
DENTAL TREATMENT	20
DOMESTIC HELP SERVICE	20
FAMILY HELP SERVICE	21 ✓
CHILD HELP SERVICE	21
NIGHT ATTENDANT SERVICE	22 ✓
MIDWIFERY AND DISTRICT NURSING SERVICES	22
BLIND PERSONS	26
WELFARE SERVICES FOR THE HANDICAPPED	29
AMBULANCE SERVICE	30
MENTAL HEALTH	31
ENVIRONMENTAL HEALTH	32
RESIDENTIAL SERVICES.. .. .	37
STATISTICAL TABLES	42

HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE,
(Tel. 4321)

September, 1961

To the Chairman and Members of the Kent County Council.

The population of the Administrative County is now 1,654,560, an increase of 18,560, and the number of births—26,612—is an increase of 1,038. The birth rate has again risen and at 16.08 is again slightly higher than that for the previous year, being the highest for eleven years. The infant mortality rate—the number of children who die within the first year of life expressed in terms of 1,000 live births—was 18.53 which, although a fraction higher than that for 1959, which was the lowest ever recorded, is still much lower than in past years.

The Report follows the usual lines in describing each of the services provided by the Health Committee and therefore includes services provided under the National Assistance Act as well as those provided as part of the Health Services.

On the 1st November, 1960, a new Act—the Mental Health Act—came into force which, for the first time, brought together all statutory provisions for all conditions of mental disorder. Broadly speaking, the new Act gives recognition to the changes in outlook and advances in medical treatment concerning mental disorder, and is designed to give the maximum encouragement to patients suffering from mental disorder to seek care promptly and voluntarily, but at the same time safeguards are provided for those who, in their own interests and for the safety of others, must be made the subject of compulsory admission and detention. The Act places the admission of mentally disordered people to hospital on much the same basis as admissions are arranged to general hospitals, but it makes compulsory admission to a psychiatric unit a matter for doctors and not, as in the past, for doctors and magistrates or, in a case of emergency, for an authorised lay officer. Any hospital that can provide the necessary facilities for care and treatment can receive mentally disordered patients either on an informal basis or under the compulsory powers contained in the Act since there no longer exists the former statutory limitation of admissions to specially designated hospitals.

So far as the County Council is concerned, the intention of the new Act is to place more emphasis on community care for mentally disordered people. Broadly, mental disorder falls into two main categories—mental illness, which affects those who have been normal and who develop mental disorder at some period of their lives, usually in middle or old age; and mental subnormality, previously called mental deficiency, which is a state of arrested or incomplete development of mind.

For mentally disordered persons the Health Committee has provided the services of mental welfare officers who are available for visitation, carrying out welfare duties requested by hospital staffs, submitting reports on home conditions for patients about to be discharged from hospital, assisting doctors in dealing with mentally disordered people, meeting their social needs, arranging for ambulance transport when hospital admission is arranged, and so on.

So far as the mentally subnormal are concerned, it will be appreciated that the Council already had extensive commitments under the Mental Deficiency Acts. The new Act indicates continued development along existing lines, together with the provision of hostel accommodation. Since 1948 the facilities for Training Centres have been greatly expanded and the two specially built Centres at Hildenborough and Rochester are models of modern planning. Other projects are for further Centres to be provided in place of existing adapted buildings, together with the development of Centres to deal with children under the age of 16 and Centres to deal with persons over that age. The first adult Training Centre has already been opened at Swanley and others are in course of planning.

Before the Mental Health Act came into force residential accommodation for mentally subnormal persons was being provided by the Regional Hospital Board, but the County Council's responsibilities have now been enlarged to require some residential facilities to be provided as a County Service. Three residential Centres are planned to provide hostel accommodation for young mentally subnormal people; these hostels will enable persons who live a long way from Training Centres to attend them regularly; they will help to provide accommodation when parents are ill or require a rest, and in due course will also provide places where subnormal persons may live permanently in cases where they have no suitable home and cannot live independent lives so that the only alternative to hostel provision would be permanent admission to hospital.

The District Officers have been designated as Mental Welfare Officers and, by increasing the amount of office assistance given to them and their Assistants, additional time has been made available for their work under the Mental Health Act.

A review of the first six months of work following the Act coming into force showed some increase in the amount of care and after-care work done by these Mental Welfare Officers in the community, mainly in relation to patients discharged from mental hospitals. Much of the work previously done as

a statutory requirement for mentally subnormal persons under the now repealed Mental Deficiency Acts is being continued on an informal basis.

Most mental hospitals have their own social workers who spend some of their time in community work. Whilst good relations have been established between hospital staffs undertaking community work and County staff working in the same field, it might be that progress would be quicker if there were a more precise definition of responsibility for community care. In the general hospital field there was a clear indication in 1948 that community work was the responsibility of the local health authority and no requests made by hospital staffs for community services to be given to patients attending or discharged from general hospitals have been neglected by reason of staff shortages. So far as Kent is concerned, the staff available for community mental health work is adequate. It may well be that faster and more ordered progress in developing community services for the mentally disordered would be secured if such services were made the sole responsibility of local health authorities, with the safeguard that when hospital staffs are working in the community they should, for such services, be taken on the local authority establishment.

On the 1st September a chiropody service was introduced as part of the National Health Services administered by the Health Committee. This service is available to men aged 65 and over, women aged 60 and over, physically handicapped people and expectant mothers.

The reason for the late introduction of chiropody as part of a comprehensive National Health Service was that successive Governments, for economic reasons, found themselves unable to agree to local health authorities providing chiropody care where such facilities were not in existence before 1948. This position was altered in the early part of 1959, but it should be noted, however, that since 1948 the Health Committee has been providing chiropody to the residents in its old people's homes.

One of the difficulties that arises over the employment of chiropodists in any part of the National Health Service is that their training must have been in accordance with statutory Regulations made by the Minister of Health in 1954. Many competent chiropodists now in practice have had a course of training in the past which does not bring them within the ambit of these Regulations and hence they cannot be employed in the National Health Service. It is possible this situation will change in future years as there is now to be a national Register of chiropodists, but when the Committee's arrangements were commenced in September last the number of chiropodists who were available for appointment was limited.

So far the service the Committee has provided has answered all the calls made on it and in the last three months of 1960 nearly 5,000 treatments were given. This number will rise as time goes on with the service being provided in three ways:—

- (1) By chiropodists in private practice working from their own surgeries and being paid on a fee per patient basis.
- (2) By chiropodists working on a sessional basis in County clinics.
- (3) By chiropodists working whole time in the County service.

All chiropodists working in the County scheme are able to visit patients who are unable to come to surgeries and clinics. The arrangements provide that when patients need chiropody care the District Officers, working from twenty-two area offices, make the initial appointments but from then on the chiropodists concerned make further appointments according to the treatment needed.

So far 5 whole-time chiropodists have been appointed; 6 chiropodists are working on a sessional basis and 35 chiropodists are working from their own surgeries. It has not been necessary to call upon all chiropodists who have said they are willing to work in the County scheme on a fee for service basis. No serious difficulties have been experienced in recruiting whole-time staff and the number is now being increased.

Whilst the ambulance service has continued to meet all the demands made on it, it seems likely that ever increasing traffic congestion will necessitate some increase in manpower because of the increased delays arising from heavy traffic that have to be met in taking patients to and from hospital. These traffic delays and the hazards arising from bad weather do cause anxiety over the practice of some London hospitals who ask for maternity patients living some distance away in Kent to be brought in when labour starts. It is recognised that in certain cases inevitable risks of births occurring in ambulances have to be accepted when a patient lives some distance from any maternity hospital. There are, however, a number of cases still arising where requests are received to take patients, when in labour, to London hospitals from places in Kent as far away as thirty miles, even although there are many maternity units much nearer the patient's home. Ambulance staffs are trained in first aid only but when faced with imminent, or actual, delivery have always acted with common sense and capacity. During the year twenty-two babies were born in Kent ambulances and, whilst no untoward consequences resulted to the mothers or babies, it is obviously desirable to keep journeys as short as possible for patients in labour.

When the County Council became responsible for the whole of the ambulance service in 1948, there were 52 ambulance stations open, but this number has now been reduced to a final figure of 19. This reduction, which resulted in a considerable economy in the overhead costs of ambulance station maintenance, has only been achieved by the extensive and ingenious use of radio-telephonic equipment. Kent pioneered the extensive use of radio-telephony as an integral part of the ambulance service in southern England in 1949, and it was recently estimated that without this communication facility, additional men and vehicles to the extent of some £135,000 a year would be needed. Radio communications are maintained through 7 main transmitters with 190 radio equipped vehicles

The great bulk of the work of the ambulance service is the transport of sick people for treatment, and here the Council has to meet the requests made by doctors in hospital and general practice. The number of patients carried in 1960 was approximately 662,000, the highest since the National Health Service commenced. Of this number, 18,214 were accident and emergency cases and, even in spite of difficult traffic conditions that are now generally being encountered, the average time for answering such calls was 6·5 minutes for the whole of the County.

The provision of residential care for the aged still continues to be a source of concern because of the shortage of accommodation and the circumstances arising from the changes in the type of care that have been occurring since 1948. It is worth recalling that in 1930, when the County Council became responsible for the administration of the Poor Law, there were some 2,500 healthy aged people in Poor Law institutions. This number steadily fell until at the beginning of 1948 there were less than 1,000. From the start of the National Assistance Act, however, in July 1948, the number of old people for whom accommodation has been provided has steadily risen and the waiting list has remained high. The Committee provides residential care by making direct provision in homes of its own and by undertaking financial responsibility in accommodation provided by other organisations. The present position is that the Council now provides in these ways accommodation for 2,785 old people and the waiting list is approaching 550. It is an interesting speculation as to why the steady reduction in the numbers of old people seeking admission to County establishments over the years from 1930 to 1948, has been replaced by an ever increasing demand for accommodation since the operation of the National Assistance Act in the latter year.

Since 1948 two main changes have developed in the planning and management of accommodation for old people. These changes are the development of specialised homes to meet the increased extent of care caused by the physical and mental changes of old age, and the necessity to review and adapt accommodation in the homes that were provided immediately after 1948. The latter necessity is to make these homes more suitable for those old persons who are now most urgently in need of accommodation and those whose condition has degenerated since they were first admitted to County Homes some years ago.

The need for specialised homes is being increasingly met. One is now provided for 114 elderly women who show changes of mental degeneration. In so far as clinical condition and need for care are concerned, there is little discernible difference between the resident of this home and many patients in the geriatric wards in mental hospitals. It is, however, an appropriate development in the services for the aged that the care is being provided in a welfare home and not as part of the services of a large mental hospital.

Three special homes are also provided for those old people who have severe physical handicaps associated with degenerative conditions of old age. The extent of care and attention that is needed because of these physical changes of old age is far more than is generally realised. Thus in such a special sixty-bed home some residents will, with extreme difficulty, make their own slow and difficult way to and from sitting-rooms to the nearby dining-room. Some residents will need one or more attendants to help them; others can only be moved by wheel-chairs; whilst some will inevitably be confined to bed for substantial periods. In all, however, it will usually take forty to fifty minutes to assemble residents for a meal and the same time for them to return to their sitting-rooms after a meal, and the amount of staff time to secure this degree of mobility can be realised. In addition, however, the frailty of many of these residents demands much help with dressing, bathing, visits to the toilet, and so on. Since many will be incontinent, and none can use stairs, it will be seen that the description "healthy aged" has ceased to have much meaning in relation to an appreciable number of residents in the Council's Homes.

I do not think it's generally understood and accepted that the type of need that many of the elderly population require has changed and is continuing to change. More people are now living out the full extent of life's span and it follows there are greater numbers of old people who become more frail and need more attention than was necessary for the general population of County Homes ten years ago. In adapting accommodation provided some time ago it is necessary to instal sluices, put in lifts and bring the homes up to a standard to provide a degree of care not required in years immediately after 1948. These requirements mean more staff in homes and additional equipment. To meet the changed needs, attention has been given to the development of bungalow-type buildings that make special provision for old people suffering from physical handicaps, because all evidence available to us suggests that increasing infirmity is to be expected among the old people who will have to be looked after in the Council's Homes.

There are two aspects of the work of the Department that are not mentioned in the body of the Annual Report but which have assumed increasing importance of recent years.

The first is the amount of medical advice which is required in relation to the staff employed by the Council, now numbering 30,220. In 1956 I reported that during that year routine medical examination of candidates, except firemen, for appointment to the County staff ceased. In place of the routine medical examination there was substituted a requirement that candidates should complete a health questionnaire and, as has been the practice for some twenty years, undergo an X-ray of the chest. The completed questionnaires are scrutinised by a member of the senior medical staff and full medical examination is only decided upon if the answers appear to require such a course. This arrangement of an X-ray of the chest and completion of a questionnaire had been introduced for teachers in 1944 and the extension of the practice to all other grades of staff, except firemen, was based upon this experience.

In 1956 I reported that the satisfactory results that had arisen in dealing with several thousands of teachers over a period of the previous twelve years suggested that the application of a questionnaire and X-ray system to the remainder of the County staff should result in similar experience. All the evidence available to me suggests that this is so and there has, of course, been a very considerable saving in medical staff time by the abolition of a routine medical examination for every new member of the staff. Nevertheless, a large amount of medical work is done in relation to the staff, such as undertaking medical examinations for various reasons, such as ability for certain work, retirement on medical grounds, medical determination of consequences arising from injury on duty, suitability of individuals for particular employment, review of sick leave, and so on.

In view of the large staff now employed by the Council, it is necessary to arrange, with the consent of the member of the staff who is concerned, discussions with that person's own doctor. It is pleasant to record the courteous and friendly help that is forthcoming from general practitioners in dealing with the many different types of medical issues that do arise with such a large staff as the Council now employs.

Another responsibility that has increased considerably of recent years is the giving of medical advice to the Committee responsible for the issue of driving licences. Such advice is asked for in cases where doubt exists as to an individual's health in relation to the propriety of his having a licence to drive a motor vehicle. Up till about ten years ago I can recall only one case where medical advice had been sought about someone's fitness to drive a car, but the number of cases has steadily increased being 56 in the year under review. Up to the time of writing in the present year 47 cases have already been reviewed. The most common single cause where advice is asked for concerns individuals either suffering, or suspected of suffering, from epilepsy, and the next most common single reason for doubt is diabetes. Cases of fainting, loss of consciousness, or "fits", present considerable difficulties since the diagnosis of epilepsy is often not clearly established and reliance has to be placed upon the individual applicant's own statement, together with such medical evidence as can be obtained. Even in some cases where this medical evidence which is obtainable points clearly to an applicant having epilepsy or being under drug treatment for the condition with fits being controlled, the difficulty then arises that a medical certificate is given saying that a driving licence might be given. A further complication sometimes arises in that where such a recommendation is made, a qualification, usually unenforceable, is put forward suggesting, for example, that the licence should be given subject to a condition of drug treatment being continued or the driving being limited to a particular type of vehicle.

The usual practice which is now followed is that in consultation with the department responsible for issuing driving licences an applicant, in whose case doubt arises, is asked to submit a medical certificate specially related to the disability disclosed or believed to exist and to agree to a consultation as to this clinical condition with his own doctor. My conclusion, possibly an unpopular one, is that it is desirable for medical practitioners, in giving certificates concerning the issue, or revocation, of driving licences, to confine themselves to an objective review of the clinical issues and not express opinions as to the desirability of a licence being granted for reasons indirectly connected with the disease or disability. My reason for this view is that the driving of a motor vehicle is now a considerable and prized social asset and convenience. Thus the presentation by an individual of a certificate signed by a doctor, saying, for example, that the person is suffering from epilepsy but should nevertheless be permitted to drive because he lives some distance from a bus route, is apt to be regarded by the individual as a medical directive to the licensing authority to issue, or not revoke, a driving licence.

Over the past ten years there have been three cases where persons who have been refused a driving licence because of medical considerations have appealed to the Courts against the decision of the Council. Two cases concerned epileptic drivers, and the other a driver who had sudden attacks of faintness which were, however, preceded by premonitory warning symptoms of short duration. In all three cases the Courts upheld the decision of the Council that licences should not be granted, but while epilepsy is, as I have said, the most common cause for refusal of driving licences, some of the other conditions that arise, such as narcolepsy and diabetes, do present clinical issues that are difficult to resolve in giving medical advice from which justice is to be done to the individual who desires a driving licence as well as to the community at large who can be placed at risk by a driver whose medical fitness is in doubt. Whilst there is no precise evidence, it would appear that there are a number of persons with epilepsy who drive motor vehicles and the new practice of issuing three-year driving licences means that persons already licensed may go on driving even if the disease first manifests itself after the licence has been taken out. The question of illness or physical disability arising after a person has taken out a driving licence is not a new one, but it is interesting to observe that in one case only submitted to me was there a suggestion that old age was of itself sufficient reason for the holding of a licence being in doubt.

I must express my appreciation of the kindness, consideration and encouragement given to the staff of the Health Department by Members of the Council and I would wish to record my personal thanks to members of the staff of the department for their loyal and efficient services.

A. ELLIOTT,
County Medical Officer.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General’s estimate of the population of the Administrative County at the middle of 1960 was 1,654,560: and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County: and from that Table it will be seen that 1,294,690 persons were resident in the urban areas, and 359,870 in the rural districts. The increase in the population of the County was 18,560 as compared with an increase of 12,000 in the previous year.

These figures give densities of population of 1·70 per acre in the county as a whole: and 6·66 per acre in the towns and 0·46 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 33·37 in *Penge Urban* and 0·27 in *Lydd Borough*, and in the rural districts 1·54 in *Dartford Rural* and 0·15 in *Romney Marsh Rural*.

The following tabulation shows the populations, together with the percentages in urban and rural districts in Kent, for the census years 1921, 1931 and 1951, and the Registrar-General’s estimates for 1941 and 1960.

	Population									
	1921		1931		1941		1951		1960	
	No.	%	No.	%	No.	%	No.	%	No.	%
Urban Districts ..	795,035	71·11	847,090	71·50	882,900	75·56	1,225,800	79·12	1,294,690	78·25
Rural Districts ..	323,094	28·89	337,720	28·50	285,500	24·44	323,560	20·88	359,870	21·75
County	1,118,129	100	1,184,810	100	1,168,400	100	1,549,360	100	1,654,560	100

BIRTHS.—The births of living children, registered during 1960, totalled 26,612, an increase of 1,038 on the total for the previous year. Male births numbered 13,739, female births 12,873.

The crude* birth-rates for the year were 15·90 (comparable rate† 16·22) in the urban districts, 16·75 (comparable rate 17·59) in the rural districts, and 16·08 (comparable rate 16·40) in the County as a whole. The figure for England and Wales was 17·1 (Provisional).

The following tabulation shows the live-birth, still-birth, and death-rates, divided into urban and rural districts for the whole County. The rates for England and Wales are added for, comparison.

In all cases in this report the two years, 1938, the last normal year before the war, and 1959, have been taken for comparative purposes.

	No. of Live Births per 1,000 Home Population			No. of Still-Births per 1,000 Total (Live and Still) Births			No. of Deaths under 1 year of age per 1,000 Live Births		
	1938	1959	1960	1938	1959	1960	1938	1959	1960
Urban District	15·1	15·38	15·90	33·6	19·72	19·34	43·2	18·19	17·83
Rural District	14·4	16·55	16·75	36·5	17·33	20·79	45·0	18·32	20·90
Whole County	14·9	15·63	16·08	34·2	19·18	19·67	42·8	18·22	18·53
England and Wales ..	15·1	16·5	17·10	38·3	21·00	19·80	52·8	22·2	21·90

The number of births, and the birth rates, in each sanitary district of the County, are set out in Table 2 at the end of this report.

The excess of births over deaths was 7,621—4,332 males and 3,289 females: and the varying margin of this excess of births over deaths for the years 1938, 1959 and 1960 is shown below:—

		Male	Female	Total
1938	..	3,146	2,645	5,791
1959	..	3,527	2,955	6,482
1960	..	4,332	3,289	7,621

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly less than 107 males to 100 females.

* Crude birth- and death-rates are the number of births or deaths per 1,000 of the population.
† For explanation see page 43.

STILL-BIRTHS.—The number of still-births recorded during the year was 534. This number represents a proportion of 19·67 per thousand of all births in the County, as against 19·18 in the previous year.

The *rate* of still-births (per thousand of the population) was 0·31 in urban and 0·36 in rural districts, and 0·32 in the County as a whole. This proportion may be compared with the rate for England and Wales, 0·35.

The number of still-births in each sanitary district of the County is shown in Table 2 at the end of this report.

INFANTILE MORTALITY.—There were 493 deaths of infants under one year of age in Kent during the year, which represents an infantile mortality rate (number of deaths among children under one year of age per thousand live births) of 18·53, as compared with 18·22 in the preceding year. The infantile mortality rate per 1,000 legitimate births is 19·47 and per 1,000 illegitimate births is 19·60.

These deaths of infants formed 2·60 per cent. of the total deaths at all ages (2·44 per cent. in 1959).

NEO-NATAL MORTALITY.—There were 353 deaths of infants under four weeks of age during the year, which represents a neo-natal mortality rate (number of deaths among children under four weeks of age per thousand related live births) of 13·26.

Of the 26,612 births in the County, 1,224 were illegitimate, being 4·60 per cent. of the total.

MATERNAL MORTALITY.—There were 13 maternal deaths (including abortion) which represents a maternal mortality rate (maternal deaths per 1,000 total births), of 0·48.

The rates in the different sanitary districts will be found in Table 2 at the end of this report; and Table 7 shows the causes of death in children under one year of age, for the years 1938, 1959 and 1960.

DEATHS.—The number of deaths registered in the County (i.e. the number of deaths of persons resident in Kent) during 1960 was 18,991—a decrease of 101 on the total for the previous year. Male deaths totalled 9,407, female deaths 9,584.

Crude death-rates were 11·50 for the urban areas, 11·38 for the rural districts, and 11·48 for the whole County.

The following tabulation shows the crude death-rates recorded in Kent during 1938, 1959 and 1960. The rates for England and Wales are added for comparative purposes.

	1938	1959	1960
Urban Districts	10·6	11·59	11·50
Rural Districts	11·4	11·98	11·38
Whole County	10·8	11·67	11·48
England and Wales.. .. .	11·6	11·6*	11·50

* Provisional.

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in Tables 5, 6 and 8 at the end of this report.

The causes of death in order of importance show little variation from year to year, and the following table shows the order of the principal causes in the three years, 1938, 1959 and 1960, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes:—

Cause of death	1938			1959			1960		
	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes
Heart Disease	4,144	2·99	27·86	6,221	3·80	32·58	6,428	3·89	33·85
Cancer (all sites)	2,368	1·71	15·92	3,639	2·22	19·06	3,660	2·21	19·27
Diseases of circulatory system (other than Heart Disease)	817	0·59	5·49	956	0·58	5·01	994	0·60	5·26
Pneumonia	727	0·52	4·89	1,056	0·65	5·53	903	0·55	4·75
Bronchitis	358	0·26	2·41	935	0·57	4·90	808	0·49	4·25
Violence (all forms)	699	0·50	4·70	705	0·43	3·69	708	0·43	3·73
Ulcer (Stomach and Duodenum)	156	0·11	1·05	179	0·11	0·94	190	0·12	1·00
Nephritis & Nephrosis	370	0·27	2·49	153	0·09	0·80	122	0·07	0·64
Tuberculosis (all forms)	778	0·56	5·23	121	0·07	0·63	117	0·07	0·62
Diabetes	201	0·15	1·35	117	0·07	0·61	107	0·07	0·56
Gastritis, Enteritis & Diarrhoea	87	0·06	0·58	75	0·05	0·39	101	0·06	0·53
Influenza	175	0·13	1·18	247	0·15	1·29	24	0·01	0·13
TOTALS	10,880	7·85	73·14	14,404	8·80	75·45	14,162	8·56	74·57

There was a small increase in the proportion of deaths in the age groups under 1 year (0·2%) and 65 years and over (0·2%). There was a slight decrease in the proportion of deaths in the age group 45 to under 65 years (0·4%). It will be seen that in the last 22 years there has been a marked decline in each of the age groups under 65 years with a corresponding rise in the 65 years and over group (16·6%)

In the following summary the deaths in age-groups are expressed as percentages of the total deaths:—

Year	Percentage of Total Deaths Age-Group						
	Under 1 year	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 years and over	Total
1938	5·9	1·7	1·7	11·4	23·9	55·4	100·0
1959	2·4	0·4	0·5	3·8	21·1	71·8	100·0
1960	2·6	0·4	0·5	3·8	20·7	72·0	100·0

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Table 3 at the end of this report.

A summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the County is shown in Table 4 at the end of this report.

SMALLPOX.—Once again no cases occurred during the year. It is now fourteen years since the last case was notified.

SCARLET FEVER.—There was a considerable decrease in the number of cases (1959—1,977, 1960—1,353). It is thirteen years since there was a death from the disease.

DIPHTHERIA.—No cases of diphtheria were reported; it is now seven years since a case occurred in a child under 15 years of age.

ENTERIC FEVER.—A decrease in the number of cases, 4 as against 23 in 1959.

MEASLES.—A considerable decrease in the number of cases reported last year, 5,233 as against 21,214 in 1959. Two deaths occurred, both were children under 15 years of age.

WHOOPIING COUGH.—An increase on the number of cases notified last year, 2,183 as against 1,694 in 1959. There were no deaths.

POLIOMYELITIS AND POLIOENCEPHALITIS.—Once again very few cases notified, 12 as against 19 in 1959. The division between paralytic and non-paralytic cases being 7 to 5. There were two deaths.

OPHTHALMIA NEONATORUM.—Only a small number of cases reported as last year, 5 as against 10 in 1959.

MALIGNANT NEOPLASM.—Once again there was a small increase in the number of deaths, the total being 3,660 as against 3,639 in 1959. (19·27% of the recorded total of deaths from all causes.) The mortality rate of 2·21 per thousand of the population is 0·01 lower than in 1959.

The following tabulation shows the mortality from cancer recorded in Kent during the years 1938, 1959 and 1960:—

KENT	1938	1959	1960
URBAN			
No. of Deaths	1,889	2,854	2,902
Death-rate	1·72	2·22	2·24
RURAL			
No. of Deaths	479	785	758
Death-rate	1·70	2·22	2·11
TOTAL			
No. of Deaths	2,368	3,639	3,660
Death-rate	1·71	2·22	2·21

There was a further increase of 21 in deaths from cancer; 24 less males and 45 more females. The increase in the deaths was in each of the age groups 5 to under 15 and 45 to under 65 years. The percentage of the total number of deaths from all causes decreased by 0·11 to 19·27.

The age-sex distribution of the deaths is shown below, and for comparison there is added the years 1938 and 1959.

	All ages	Per-centage	Under 1	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 and over
1938 M.	1,095	46.2	—	2	—	56	427	610
F.	1,273	53.8	1	2	—	99	490	681
TOTAL ..	2,368	100.0	1	4	—	155	917	1,291
1959 M.	1,919	52.73	—	3	4	82	693	1,137
F.	1,720	47.27	1	5	7	99	566	1,042
TOTAL ..	3,639	100.00	1	8	11	181	1,259	2,179
1960 M.	1,895	51.78	—	3	8	64	756	1,064
F.	1,765	48.22	1	3	8	110	594	1,049
TOTAL ..	3,660	100.00	1	6	16	174	1,350	2,113

DIPHTHERIA/WHOOPING COUGH/TETANUS IMMUNISATION

Once again, and for the seventh year in succession, no case of diphtheria occurred in the County in a child under the age of 15 years. There was also a rise, the first since 1956, of 1.1 in the percentage of children under the age of 15 years who were immunised as at the 31st December. One of the probable reasons for this rise was the introduction on 1st April at all child welfare clinics of combined triple antigen to give protection against diphtheria, whooping cough and tetanus.

The following table shows the notifications and deaths from diphtheria for Kent and England and Wales since 1948:—

Year	Deaths		Corrected Notifications	
	Kent	England and Wales	Kent	England and Wales
1948	1	156	52	3,575
1949	1	84	29	1,890
1950	3	49	16	962
1951	1	33	5	664
1952	1	32	4	376
1953	—	23	2	266
1954	—	9	1	173
1955	—	13	—	169
1956	—	8	—	63
1957	—	6	1	40
1958	—	8	—	79
1959	—	—	—	103
1960	—	—	—	52

The following table shows the number of children under the age of 15 years at 31st December, 1960, who at any time prior to that date received a course of immunisation against diphtheria:—

Age on 31.12.1960 (i.e. born in year)	Under 1 1960	1 to 4 1956–1959	5 to 9 1951–1955	10 to 14 1946–1950	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1956–1960	10,583	67,273	70,121	36,043	184,020
B. Number of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	42,498	72,637	115,135
C. Estimated mid-year child population	25,400	100,600	255,300		381,300
Immunity Index 100A/C	41.7	66.9	41.6		48.3

The Immunity Index on the last line of the table represents the true percentage of immunisation in the County, or in other words, children who have had a completed course of injections during the last five years. Since 1956 the Immunity Index of children under one year of age has gradually risen from 9.3 to 41.7 in 1960, and the reason for this is due entirely to the switch over the last few years from the use of a diphtheria antigen, administered at about eight or nine months of age, to triple antigen starting at about the third month of life. The age group 1-4 years showed a rise of 2.4, whilst the age group 5-14 years showed a decline of 1.9, the percentage of all children under the age of 15 years rose by 1.1 to 48.3%. The decline in the older age group is probably due to the continuation of the policy to stop offering, as a routine, a second reinforcing injection to children aged about 9 to 10 years.

The same facilities for immunisation were available at all child welfare centres, doctors' surgeries and schools. Personal persuasion by doctors, midwives and health visitors has again been relied upon more than paper and poster publicity.

The following table shows the number of children who received a course of immunisation during 1960. There was an increase of 7,840 in the number of children who received a primary injection and an increase of 3,051 in the number of children who received a re-inforcing injection. The increase in both cases was probably due to increased national publicity as a result of cases occurring in other parts of the country and the introduction of triple antigen. It should be pointed out that these figures are only based on actual records received and can, therefore, be regarded as a minimum.

Year of birth	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	Total
Primary ..	9,777	13,010	1,892	748	487	484	434	243	191	107	111	125	49	48	30	27,736
Re-inforcing	—	69	534	324	1,095	6,764	2,354	884	514	387	371	254	178	134	53	13,915

It is interesting to note that in the past when separate courses of injections were given at County clinics for whooping cough and diphtheria, approximately 50% of the injections were carried out by general practitioners, whereas now that triple antigen has been made available at all County clinics approximately 57% of all injections are carried out under County Council arrangements, and 43% by general practitioners.

VACCINATION AGAINST WHOOPING COUGH

Separate figures for whooping cough vaccination are being given in this report as triple antigen was not started at County clinics until the 1st April. Following, therefore, is a table showing the number of children by years of birth, who were protected during the year ended 31st December, 1960:—

Year of birth	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Others	Total
	9,769	11,337	1,177	558	389	367	216	121	95	50	49	99	24,229

The following table gives the numbers of notifications and deaths from whooping cough during the last ten years.

Year	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951
Notifications	2,183	1,694	1,689	6,082	4,224	3,672	6,550	6,412	4,054	10,225
Deaths	—	1	—	4	2	2	4	7	5	17

VACCINATION AGAINST SMALLPOX

During the year, 18,422 persons were vaccinated against smallpox by general practitioners or at County clinics. Of this number 15,228 were under one year of age (1959—14,694).

One case of generalised vaccinia was reported during the year.

The following table shows the number of persons vaccinated during the year in age groups:—

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 and over	Total
No. vaccinated	15,228	1,494	592	403	239	17,956
No. re-vaccinated	—	—	64	142	260	466
TOTALS	15,228	1,494	656	545	499	18,422

The following table shows for purpose of comparison the number of children under one year of age who have been vaccinated each year since 1951:—

Birth Year	Number of Live Births	Vaccinated During Year	Number Vaccinated	Percentage of Live Births	Total No. Vaccinated	Percentage of Live Births
1951	23,002	1951	8,322	36.18 %	13,430	58.39 %
		1952	5,108	22.21 %		
1952	22,707	1952	8,211	36.16 %	13,394	58.98 %
		1953	5,183	22.82 %		
1953	23,078	1953	8,366	36.25 %	13,845	59.98 %
		1954	5,479	23.73 %		
1954	22,879	1954	8,529	37.28 %	13,967	61.05 %
		1955	5,438	23.77 %		
1955	22,545	1955	8,519	37.79 %	14,407	63.90 %
		1956	5,888	26.12 %		
1956	23,318	1956	8,963	38.44 %	15,242	65.37 %
		1957	6,279	26.93 %		
1957	24,693	1957	8,200	33.20 %	14,740	59.69 %
		1958	6,540	26.49 %		
1958	25,189	1958	7,028	27.90 %	14,999	59.55 %
		1959	7,971	31.64 %		
1959	25,574	1959	7,396	28.92 %	15,879	62.09 %
		1960	8,483	33.17 %		
1960	26,612	1960	6,993	26.28 %		

As will be seen from this table, since 1951 the percentage of infants vaccinated under one year of age has gradually risen until 1957, when for two years there was a total decline of 5.82 %. This may have been due to the general introduction of poliomyelitis vaccination which is started when a child reaches the age of six months and the fact that during the first year of life a child is subjected to injections against whooping cough, diphtheria and poliomyelitis and vaccination against smallpox. In view of this some parents may have decided not to have their children vaccinated against smallpox, the disease which is less known in this country.

VACCINATION AGAINST POLIOMYELITIS

During the year two further extensions to the scheme were introduced, only one of which concerns the County Council. The first extension introduced on 1st February, 1960, included all persons up to the age of 40 years and certain special groups, and the other extension introduced at the end of December included anyone over the age of 40 years, the main difference being, however, that general practitioners were entirely responsible for this group, the vaccine being obtained on prescription through a chemist.

The vaccination facilities for the new group up to 40 years were fully publicised; all general practitioners, assistant county medical officers and health visitors were informed and posters displayed outside child welfare centres, public offices, factories and various places of work. All the large shops and factories in the County were visited by either assistant county medical officers or health visitors to arrange, if required, for special sessions to be held on the spot during working hours. Whilst those concerned gave every help, the response generally was poor.

There is no doubt that as far as persons over the age of eighteen are concerned, there is a lack of interest in receiving protection until danger is imminent.

The position by the end of the year was most favourable for the younger age group, those born between 1943 and 1960; 83.35 % of those eligible had received two injections and 85.60 % of those had had three injections; 43.55 % of those born between 1933 and 1942 had had two injections and 81.93 % of those had had three injections. In the case, however, of persons born before 1933 who have not passed their fortieth birthday, only 16.11 % had had two injections and 94.35 % of those had had three injections.

The following tables give details of injections carried out during the year and the number of notifications and deaths from poliomyelitis during the last ten years:—

	Born 1943/1960	Born 1933/1942	Born 1920/1932	Others	Total
Two Injections } 1960 ..	26,327	9,187	37,601	7,026	73,115
Three " } ..	53,264	42,499	10,400	7,321	113,484
Total No. had two injections	351,742	84,663	37,601	24,185	498,191
" " " three "	287,622	65,402	10,400	18,729	382,153

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notifications—Paralytic ..	88	135	146	40	170	63	217	29	13	8
Non-Paralytic ..	87	43	61	23	94	49	163	11	6	6
Deaths	13	11	17	6	17	8	19	4	2	2

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The various services provided under Section 28 of the National Health Service Act, 1946, have been maintained during the year.

TUBERCULOSIS NOTIFICATIONS

During the year 788 (1959—953) persons were notified as suffering from tuberculosis. On the 31st December, 16,840 (1959—17,497) persons remained on the registers of medical officers of health. Summaries of notifications will be found on pages 17 and 18.

PROVISION OF EXTRA FOODS

2,202 recommendations were made by chest physicians, of which 2,115 were approved, the remainder not being approved as, at the time of recommendation, the patients' financial circumstances brought them outside the application of the Council's assessment regulations.

REHABILITATION

Persons suffering from inactive tuberculosis who are fit enough to undertake five hours' work a day can, on the recommendation of the chest physician, be admitted to rehabilitation units established at Preston Hall, Maidstone and Papworth Hall, Cambridge. At the end of 1959, 23 were receiving rehabilitation; during 1960, 12 were admitted, 11 discharged and 24 remained at the end of the year.

BEDS AND BEDDING

87 patients, on the recommendation of chest physicians and general practitioners, were provided, on loan, with beds and bedding during the year.

KENT COUNCIL OF SOCIAL SERVICE

This Council has continued to afford assistance to patients and their dependants in the form of extra milk, beds and bedding, clothing, holidays, materials for diversional therapy, finding suitable employment, fares to visit patients in sanatoria and hospitals, re-housing and removal expenses. The County Council make an annual grant for administrative expenses only.

B.C.G. VACCINATION

During 1960, 20,100 schoolchildren aged 13 years and over were skin tested, 17,624 were found to be negative and 17,587 were vaccinated. During the same period 100 full-time students in further education establishments were also skin tested and 61 found negative and vaccinated. All tuberculin positive children were referred to the chest physician concerned for further investigation.

As in former years, precautionary investigations of school children who had been in contact with known cases of pulmonary tuberculosis were continued. 1,477 children from 10 schools were skin tested, of whom 335 were tuberculin positive and referred to the chest physician. Members of school staffs were also given an opportunity of attending for X-ray.

MEANS OF CONTROLLING TUBERCULOSIS

The means of controlling tuberculosis are the same as given in the Annual Report for 1953, when a full description of the measures taken was included.

ASCERTAINMENT OF CONTACTS

Contacts of persons known to be suffering from tuberculosis are persuaded by the health visitors to attend the chest clinics for examination.

The following table shows the extent of contact examination during the years 1956–1960:—

Year	1956	1957	1958	1959	1960	Total
Number notified as suffering from tuberculosis ..	1,225	1,135	987	953	788	5088
Number of contacts examined	12,491	10,876	9,764	13,869	9720	56720
Number found to be tuberculous	130	84	79	83	61	437

EMPLOYMENT OF PERSONS KNOWN TO BE SUFFERING FROM TUBERCULOSIS

Sputum positive cases are not generally encouraged to return to work but if they do, every precaution is taken to ensure that there is no spread of infection. Where the previous employment is not considered suitable, the Disablement Resettlement Officer of the Ministry of Labour, endeavours to find alternative employment or in certain cases the patient will undertake a course of training for work suitable to his condition.

ILLNESSES GENERALLY

RECUPERATIVE CARE

The following table shows the extent of recuperative care provided during the year:—

					No. of Persons Admitted		Total Weeks	Average Stay		
								Weeks	Days	
Adults	..	..	..	Male	..	40	104.2	2	4
				Female	..	107	251.3	2	2	
School Children			..	Male	..	4	9.5	2	3	
				Female	..	3	7.6	2	4	
Children under 5 years of age				Male	..	3	14.6	4	7	
				Female	..	—	—	—	—	
Mother and Baby		..	..	..		2 (4 persons)	3.3	1	5
TOTALS					161	391.4	2	3

Recuperative residential care is provided under Sections 22 and 28 of the Act. This is restricted to instances where a person has suffered from an illness which has been treated either in a hospital or at home and whilst needing further medical and/or nursing care of the type that can be provided by a general practitioner and home nurse, cannot have that care at home.

It may be of interest to note that 224 applications for recuperative care were received of which 161 were accepted. The other 63 cases were either withdrawn before going away, or were found to be outside the scheme approved by the County Council.

NURSING REQUISITES

The British Red Cross Society and St. John Ambulance Brigade, as agents of the County Council, continued to provide from their depots nursing requisites to persons ill at home. The County Council also supplied on loan lifting hoists and various other forms of home nursing equipment.

BEDS AND BEDDING

74 persons were provided with beds and bedding during the year. *Paraplegics*—a hospital-type bed, lifting pole and handle, together with such special nursing equipment as may be recommended by the hospital concerned is provided for persons suffering from paraplegia.

VENEREAL DISEASE

The two female Social Workers carried out the following visits in connexion with their duties in tracing contacts and following up persons who have not maintained attendance at clinics:

Number of persons visited	673
Number who attended for treatment ..	594

HEALTH EDUCATION

The services of a health education lecturer, on a part-time basis, were maintained during the year. Lectures were given at 119 meetings of various organisations on different aspects of health education covering social hygiene, including venereal disease and other associated problems as well as sex education; also aspects of physical education, general physical fitness, food handling and prevention of contamination; immunisation against diphtheria and vaccination against smallpox, poliomyelitis and whooping cough, smoking and lung cancer, control of infectious diseases and local health services.

CHIROPODY SERVICE

The Minister of Health on 21st April, 1959, in Circular No. 11/59 stated that he was prepared to approve proposals from Local Health Authorities for the establishment of a chiropody service and suggested that, at least in the early stages, priority should be given to the elderly, the physically handicapped, and expectant mothers. Details of the County scheme which was approved by the Minister and came into operation on the 1st September, 1960, are as follows:—

- (a) The service is available to the elderly, the physically handicapped and expectant mothers.
- (b) The service is based on the use, either whole-time or part-time, or on a sessional basis of services of qualified chiropodists within the meaning of the National Health Service (Medical Auxiliaries) Regulations 1954.
- (c) The service is available in clinics, at chiropodists' surgeries and in the patient's home where considered necessary.

The service in its commencement was not comprehensive in the sense that the whole County was covered, nevertheless, when the scheme started there were 46 chiropodists who said they were willing to work from their own surgeries in the County scheme on the fees offered by the County Council, but it was only necessary to call upon 29 of them. Originally it appeared that chiropodists would not be inclined to work in County clinics either on a whole- or part-time basis, but when the scheme was started there were offers from chiropodists to undertake this type of work. The position at the end of the year was that there were six chiropodists employed on sessional work in County clinics at Bromley, Deal, Dover, Maidstone and Ramsgate, and two whole-time officers had been appointed for work in the clinics at Ashford, Folkestone, Tenterden, Sevenoaks, Tonbridge and Tunbridge Wells.

The following table shows the treatments given from 1st September, 1960, to 31st December, 1960.

	Council Clinics	Chiropodists' Surgeries	Home Visits	Total
Men 65 years and over	19	585	234	838
Women 60 years and over	100	2,645	910	3,655
Physically handicapped	5	42	116	163
Expectant Mothers	—	3	—	3
	124	3,275	1,260	4,659

ORTHOPAEDIC SERVICES

The arrangements made for the treatment of children suffering from crippling defects continued to operate satisfactorily during the year.

In 1960 there were 26,403 attendances at the non-hospital clinics compared with 28,987 attendances during 1959. Of the former figure, 99.1 % were children in attendance at maintained schools and 0.9 % children under school age.

Particulars of primary notifications of new cases of tuberculosis received by Chest Physicians, and of deaths from the disease, in Kent during 1960:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	1	—	—	—	—	—	—
1—2	3	1	—	—	}	—	—	—
2—5	1	7	—	2		—	—	—
5—10	7	2	2	3	}	—	—	—
10—15	9	6	3	1		—	—	—
15—20	23	14	3	3	}	—	—	1
20—25	30	28	1	2		—	—	—
25—35	58	60	6	18	}	6	3	2
35—45	61	40	7	9		—	—	1
45—55	76	31	6	1	}	36	8	1
55—65	75	22	10	3		—	—	3
65—75	54	17	5	5	28	7	—	1
75 and upwards ..	26	13	4	—	14	4	—	2
TOTALS	424	242	47	47	84	22	4	7
	760				117			

CARE OF MOTHERS AND YOUNG CHILDREN

The main features of the Council's scheme for the care of mothers and young children remained as in previous years.

NOTIFICATION OF BIRTHS UNDER THE PUBLIC HEALTH ACT, 1936

The following analysis of all births notified during 1959 shows the place of confinement:—

<i>Number of Births</i>	<i>Place of Confinement</i>		
	<i>Domiciliary</i>	<i>Hospital</i>	<i>Nursing Home</i>
26,323	9,888	15,619	816
	(37·56%)	(59·34%)	(3·1%)

The adjusted totals of notifications received during the year, i.e. the deduction of those births occurring within the County but relating to non-County residents, and the addition of those births occurring outside the County but relating to Kent residents, give the following results:—

		<i>Domiciliary</i>	<i>Institutional</i>	<i>Total</i>
Live births		10,169	16,585	26,754
Still births		95	420	515
TOTALS		10,264	17,005	27,269

CHILD WELFARE CENTRES

At the end of the year there were 287 child welfare centres and 56 ante-natal and post-natal clinics in the County. 210 of these were staffed by general medical practitioners and the remainder by the Council's medical staff. During the year, the Swanley Clinic was transferred to new premises in the grounds of the former White Oak Hospital. The total attendances at child welfare centres during the year were 484,856, covering 63,927 children; of these 21,080 under one year of age attended for the first time during the year. At ante-natal and post-natal clinics there were 5,704 first attendances and 16,167 subsequent attendances.

SPECIAL CARE OF PREMATURE INFANTS

During the year notifications were received of 1,538 babies who weighed $5\frac{1}{2}$ lbs. or less at birth. Details of these are given in the following tabulation from which it will be seen that 1,139 were born in hospital and 34 in nursing homes. The remaining 365 were born at home, although 73 were subsequently transferred to hospital.

Notifications were received relating to 261 premature still-births, and details of these are also given in the following table:—

Weight at Birth (1)	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	*Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	145	69	44	1	1	—	14	6	5	1	—	1	1	—	—	104	8	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	199	25	162	13	—	12	26	1	25	2	—	2	1	—	—	58	8	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	242	8	230	41	—	40	19	—	16	4	—	4	—	—	—	26	4	1
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	553	8	532	237	2	233	14	2	11	20	—	19	5	—	4	37	11	2
TOTALS	1139	110	968	292	3	285	73	9	57	27	—	26	7	—	4	225	31	5

* The group under this heading will include cases which may be born in one hospital and transferred to another.

CARE OF ILLEGITIMATE CHILDREN

The main provision for the institutional care of unmarried mothers and their babies is through voluntary organisations, usually at homes administered by the Canterbury and Rochester Diocesan Councils for Moral Welfare. During the year there were 191 admissions at the request of the Council to voluntary homes.

The Council's Mother and Baby Home, which has twenty-two beds and fourteen cots, admitted 121 patients during the year, and these included a number who would not normally be accepted in the Diocesan Homes because of previous pregnancies or other considerations. Special arrangements needed to be made for the future care of some of these women and their babies, and there continued to be a close association between the officers of the Council and the workers of the voluntary organisations.

HEALTH VISITING

The approved establishment of health visitors remains at 275, but the numbers employed at the end of the year were 240 whole-time and 9 part-time. The majority of the health visitors are engaged on combined duties, e.g., care of mothers and children and the School Health Service. The work of tuberculosis home visiting continues to be carried out by health visitors who also attend the Chest Clinics. In certain parts of the County the health visitors also act as Assistant Mental Health Officers as described in the Mental Health Section of this report.

The number of children under five years of age visited during the year totalled 114,030. Visits were paid during the year to 6,758 expectant mothers and to 28,380 children under one year of age. The number of families or households visited during the year was 89,115 and the total number of visits paid by health visitors was as follows:—

To expectant mothers	..	..	..	..	..	6,758
To children under 1 year	..	..	..	..	..	138,414
To children aged 1 and under 2 years	..	..	..	..	..	94,753
To children aged 2 and under 5 years	..	..	..	..	..	144,625
To patients with tuberculosis	..	..	..	..	..	32,548
Other visits (hospital care, care of old people, etc.)	..	..	..	..	..	27,775
TOTAL VISITS	..	..	..	..	..	444,873

NURSERIES AND CHILD MINDERS (REGULATION) ACT

At the end of the year 25 premises were registered as nurseries under the Act, with total accommodation for 692 children. There were also 72 registrations of child minders covering a total provision for 720 children. Regular inspections of the premises are carried out by medical officers and health visitors.

DOMESTIC HELP SERVICE

The figures given below of the various categories of the 14,243 households where service was provided during the year again show a similarity to the service in 1959, which is indicated by the bracketed figures:—

Maternity (lying-in) patients	..	..	..	..	..	2,043 (1,959)
Tuberculosis patients	..	..	..	..	..	170 (176)
Person or persons over 65 years	..	..	..	..	..	9,444 (9,528)
Others, e.g., illness, mental defective, etc.	..	..	..	..	..	2,586 (2,682)
Total households served	..	..	..	..	..	14,243 (14,345)

The average number of helps employed part-time remained at approximately 1,400.

DENTAL TREATMENT

During the year there was no variation of the arrangements made for the care of mothers and young children. The equivalent of $1\frac{3}{10}$ whole-time dental surgeons spent $615\frac{1}{2}$ half-day sessions on the inspection and treatment of 646 mothers and 1,089 children under school age in 55 permanent clinics and in four mobile caravans visiting rural districts. Details of the work carried out during the year for mothers and young children with comparable figures for 1959 are given in the table below:—

Expectant and Nursing Mothers

Year	Examined	Needing Treatment	Actually Treated	Made Dentally Fit
1959	811	779	737	499
1960	679	651	646	464

Children under School Age

1959	1,511	1,436	1,336	1,041
1960	1,136	1,101	1,089	1,045

The two oral hygienists working under the direction of the dental surgeons at Chatham, Gravesend, Orpington, Sidcup, Welling, Penge, Bromley and St. Paul's Cray, carried out 3,756 scalings and polishing of teeth in 930 half day sessions in addition to those shown in the table below.

TABLE "A"

Expectant and Nursing Mothers

Number treated	..	..	..	646
Number made dentally fit	..	..	..	464
Number of attendances	..	..	..	3,029
Number of extractions	..	..	..	1,689
Number of scalings and gum treatments	..	..	..	431
Number of teeth filled	..	..	..	819
Number of fillings inserted	..	..	..	890
Number of other operations	..	..	..	1,297
Number of dentures supplied	..	..	..	378
Number of dentures repaired	..	..	..	24

TABLE "B"
Children under School Age

Number treated	..	..	..	1,089
Number made dentally fit	..	..	..	1,045
Number of attendances	..	..	..	2,741
Number of extractions	..	..	..	1,282
Number of silver-nitrate treatments	..	..	..	741
Number of teeth filled	..	..	..	1,018
Number of fillings inserted	..	..	..	1,077

WORKSHOPS

With the reduction of the staff at the workshops at Dover and Maidstone it has been possible to keep the seven technicians fully employed in the manufacture of artificial dentures and orthodontic appliances for school children, and the return of the work to the dental clinics within a period of two to three weeks has been maintained.

It has not yet been possible to obtain the services of a whole time Orthodontic Specialist and the Principal School Dental Officer has himself undertaken this work. This service at the County's clinics has been appreciated by the parents, patients and dental officers and it is growing rapidly. It is, therefore, hoped that during the coming year the services of a whole-time Orthodontic Specialist may become available. The workshops at Maidstone were again used for a Post Graduate Course for senior technicians. The Course commenced on the 11th October 1960 and was completed on the 31st January 1961.

Table "C" below shows the work carried out in the County Workshops:—

TABLE "C"				
<i>Mothers and Young Children</i>				
<i>Dentures</i>		<i>Denture Repairs</i>		
378		24		
<i>School Children</i>				
<i>Dentures</i>	<i>Denture Repairs</i>	<i>Orthodontic Appliances</i>	<i>Repairs</i>	<i>Oral Screens</i>
411	96	1191	204	93

FAMILY HELP SERVICE

This service, which is administered within the organisation of the domestic help service, received 556 applications in 1960 compared with 623 during 1959. All applications were received from the Children's Officer for temporary help to be provided during the absence of the mother and as an alternative to the children being taken into care by the Children's Committee. Help was provided for 401 families for an average of twenty-six days' service per child and covered the care of 1,424 children. The circumstances calling for the provision of this service were mainly the admission of the mother to hospital for treatment (225) and for confinement or complication in pregnancy (127) or to a convalescent home (10). In twelve cases the need arose because of the death of the mother, twenty-six from desertion by the mother, and one owing to the committal of a mother to prison.

CHILD HELP SERVICE

The Child Help Service provides organised and constructive facilities for the rehabilitation of problem families. There are, of course, many definitions of problem families but, for working purposes, they can be defined as those households where dirt, disintegration and disorder are present to such an extent that the social habits of the family stand out in sharp contrast in the community in which they live.

For many years the Health Visiting Service has worked hard in helping and assisting problem families and it is from this source that the majority of requests for the rehabilitation services still come. More cases are, however, being reported by statutory Housing Authorities, particularly in cases where rent arrears have accumulated and eviction is contemplated or threatened.

During 1960, 61 families commenced the initial service and 12 the follow-up service. The families who had received service in previous years were also kept under review.

An assessment of the results suggests that in 62% of cases in which the service started during the year the families were rehabilitated to such an extent as to take them out of the problem category.

REHABILITATION OF PROBLEM FAMILIES

On a few occasions in the past, cases have arisen where the needs of problem families have suggested admission to one of the residential establishments provided by voluntary organisations for rehabilitation. Although a great deal in the rehabilitation of problem families has been and is being done by the Child Help Service, experience suggests that there would continue to be a few cases where admission to residential accommodation of the family would be the most appropriate course to adopt. This particularly arises in those cases where recommendations come from Courts. It had not been possible to deal effectively with such cases because, as the children are not deprived, the Children's Committee had no power to undertake the financial responsibility for the maintenance of these families, and the Health Committee had no power within its existing proposals made in accordance with the National Health Service and National Assistance Acts. In the circumstances during the year the approval of

the Ministry of Health was obtained to an amendment of the County Council's Proposals under Section 28 of the National Health Service Act, 1946, to enable the Council to accept responsibility for the maintenance of problem families at voluntary homes where such a course was considered necessary by the Health Committee. Since these arrangements came into force, one family was accommodated at Dr. Barnado's Home, Barkingside, for a period of six months. Rehabilitation was successful enough to enable the local authority to rehouse them and now frequent visits are being paid by the health visitor.

NIGHT ATTENDANT AND EVENING SERVICE

This service, which is provided under Section 28 of the National Health Service Act, 1946, and which is also administered as part of the domestic help service, received 646 applications during the year. In 631 cases, help was provided by the Council, 405 for night service and 226 for evening service. The sources from which these requests for service were received followed the usual pattern, 390 coming from the patients' doctors. 633 cases were terminated during the year mainly because of admission to hospital or to a home (212), improvement (162) or through death (148).

MIDWIFERY AND DISTRICT NURSING SERVICES

The staff at the end of the year consisted of 6 administrative midwifery and district nursing officers, 128 whole-time midwives, 180 whole-time district nurses, 125 whole-time district nurse midwives and 27 part-time nurses and midwives.

By arrangement with the East Sussex County Council a small amount of midwifery and district nursing is undertaken in an adjoining part of Kent by one of the East Sussex District Nursing Associations.

MIDWIFERY SERVICE

In the two following tables, relating to the work of midwives in the County, the corresponding figures for the previous year are shown in brackets for the purpose of comparison.

TABLE 1

Showing the number of midwives practising in the County at 31st December, 1960, and the number of deliveries attended during the year.

Number of deliveries attended during the year.										Number of deliveries attended by Midwives during 1960			
										Number of Midwives practising as at 31.12.60			
<i>Domiciliary Midwives</i>													
Midwives and Nurse/Midwives employed by the County Council										254	(257)	10,098	(9,600)
Other Domiciliary Midwives										17	(10)	88	(79)
TOTALS										271	(267)	10,186	(9,679)
<i>Institutional Midwives</i>													
Employed by Hospital Authorities										255	(250)	13,795	(12,606)
Employed in Voluntary Institutions										2	(1)	56	(57)
Employed in Private Nursing Homes										15	(14)	396	(265)
Employed in Military Families Hospitals										12	(10)	330	(288)
TOTALS										284	(275)	14,577	(13,216)
Totals for all Midwives										555	(542)	24,763	(22,895)

MATERNAL MORTALITY

A Maternal Death is one due to or associated with pregnancy, child-birth or abortion. As an aid to an improved quality in obstetric services, it is the practice to investigate confidentially the circumstances of each death ostensibly due to or associated with maternal factors to establish more precisely the cause of death.

Out of 16 deaths investigated 13 were finally assigned to the Administrative County as being Maternal Deaths and which are analysed below:—

	<i>Deaths from Sepsis</i>	<i>Deaths from Other Causes</i>	<i>Total</i>
Women who had arranged for a home confinement	—	4	4
Women who had arranged to be confined in hospital	—	7	7
Women who had arranged to be confined in a nursing home	—	—	—
Women who had made no arrangements for the confinement	1	1	2

One of the maternal deaths occurred at home in a woman who had arranged for a domiciliary confinement; the other 12 deaths were of women who died in hospitals to which they had been admitted for delivery or removed in emergency.

DOMICILIARY AND INSTITUTIONAL CONFINEMENTS

The figures given below show the proportion of institutional and domiciliary births in the County classified according to areas:—

ANALYSIS OF BIRTHS IN THE ADMINISTRATIVE COUNTY OF KENT
CLASSIFIED AS TO DOMICILIARY, NURSING HOME AND HOSPITAL

Area showing Main Towns	Population*	Place of Confinement				Percentage				
		D.	N.H.	H.	Total	D.	N.H.	H.		
No. 1. Ashford, Deal, Dover, Folkestone.										
1957	Whole Year	205,840	1,298	236	1,513	3,047	=	42·60	7·74	49·66
1958	„ „	207,690	1,332	251	1,554	3,137	=	42·40	8·00	49·60
1959	„ „	207,070	1,388	252	1,419	3,059	=	45·38	8·23	46·39
1960	„ „	209,040	1,385	316	1,525	3,226	=	42·93	9·8	47·27
No. 2. Thanet Towns, Herne Bay, Whitstable, Sandwich.										
1957	Whole Year	179,090	1,043	282	1,332	2,657	=	39·26	10·61	50·13
1958	„ „	178,370	1,006	127	1,264	2,397	=	41·90	5·30	52·80
1959	„ „	179,630	1,041	51	1,278	2,370	=	43·93	2·15	53·92
1960	„ „	182,050	1,023	47	1,341	2,411	=	42·43	1·95	55·62
No. 3. Maidstone.										
1957	Whole Year	144,450	1,057	91	1,086	2,234	=	47·32	4·07	48·61
1958	„ „	144,550	1,152	92	1,067	2,311	=	49·85	3·98	46·17
1959	„ „	145,090	1,119	107	1,156	2,382	=	46·97	4·49	48·54
1960	„ „	148,230	1,152	122	1,284	2,558	=	45·04	4·77	50·19
No. 4. Tunbridge Wells, Sevenoaks.										
1957	Whole Year	143,910	625	73	1,413	2,111	=	29·61	3·46	66·93
1958	„ „	145,530	630	83	1,435	2,148	=	29·32	3·86	66·82
1959	„ „	147,370	744	101	1,473	2,318	=	32·09	4·36	63·55
1960	„ „	149,670	775	112	1,567	2,454	=	31·58	4·54	63·88
No. 5. Medway Towns, Faversham, Sittingbourne, Sheerness, Gravesend, Northfleet.										
1957	Whole Year	360,150	2,718	308	2,985	6,011	=	45·22	5·12	49·66
1958	„ „	361,360	2,945	352	2,987	6,284	=	46·86	5·61	47·53
1959	„ „	365,620	2,972	333	3,069	6,374	=	46·63	5·22	48·15
1960	„ „	366,910	3,217	344	3,203	6,764	=	47·56	5·09	47·35
No. 6. Bexley, Crayford, Dartford, Erith.										
1957	Whole Year	253,800	879	9	3,089	3,977	=	22·10	·23	77·67
1958	„ „	257,290	963	21	3,146	4,130	=	23·32	·50	76·18
1959	„ „	260,830	987	14	3,203	4,204	=	23·48	·33	76·19
1960	„ „	265,030	1,143	14	3,328	4,485	=	25·48	·32	74·20
No. 7. Beckenham, Bromley, Chislehurst, Orpington, Penge.										
1957	Whole Year	326,560	1,314	49	3,621	4,984	=	26·36	·98	72·66
1958	„ „	329,210	1,380	38	3,706	5,124	=	26·93	·74	72·33
1959	„ „	330,390	1,512	34	3,564	5,110	=	26·59	·66	69·75
1960	„ „	333,630	1,569	28	3,774	5,371	=	29·21	·52	70·27
TOTALS:										
1957	Whole Year	1,613,800	8,934	1,048	15,039	25,021	=	35·70	4·19	60·11
1958	„ „	1,624,000	9,408	964	15,159	25,531	=	36·80	3·80	59·40
1959	„ „	1,636,000	9,763	892	15,162	25,817	=	37·82	3·45	58·73
1960	„ „	1,654,560	10,264	983	16,022	27,269	=	37·61	3·61	58·78

(D. = Domiciliary. N.H. = Nursing Home. H. = Hospital.)

*Registrar-General's Estimates of Population at 30th June.

RULES OF THE CENTRAL MIDWIVES BOARD

Changes in the Central Midwives Board's Rules and Notices concerning a Midwives' Code of Practice became effective on 1st July, 1960.

In reviewing the Rules and Notices the Board had regard to the recommendations of the Maternity Services Committee which had made its report on the nation's maternity services to the Minister of Health in 1959.

The Lying-In Period

One of the major changes reflecting the views of the Maternity Services Committee was the reduction of the minimum of the lying-in period, during which the continued attendance of a midwife is requisite, from 14 to 10 days after the end of labour.

The significance of this change is the period for which a local health authority is now required to provide adequate services of midwives to attend women in their area; the lying-in period has no significance as a period for which the mother should be kept in bed.

One effect of this change is that during the whole of 1959 the Council's midwives visited 7,963 patients who had been discharged home early from maternity units but in the period 1st January to 31st December, 1960, the number of such women visited was 6,152.

The Maternity Nurse

Another important change in the Rules was the removal of the distinction between practising as a midwife and acting as a maternity nurse. This change arose from the fact that in a great majority of maternity cases a registered medical practitioner is concerned in some degree but the Board found it impracticable in view of the widely varying circumstances to define precisely the professional relationship of practising midwives with registered medical practitioners.

The Board therefore removed from its Rules the definition of "a maternity nurse", revised that for "a practising midwife" and indicated certain principles which a midwife should follow in her professional relationship with a doctor.

It is proper to say that statutory recognition which a midwife has as a professional practitioner in her own right does not mean that a midwife has the same responsibility and independence of action as the doctor also concerned with the patient: the responsibilities of the doctor and the midwife are now so inter-related and complementary, however, that a mutual recognition of their respective, professional status is more essential than ever before.

INHALATIONAL ANALGESIA

Relief from pain in child-birth can be provided by midwives administering to their patients either a mixture of nitrous oxide and air or a mixture of trichloroethylene and air. The latter method was first approved by the Central Midwives Board in 1955 as a safe means by which midwives could induce analgesia. From a small commencement made in its use in that year by County Midwives they have increased their use of this analgesic yearly as more of their numbers became equipped with the necessary apparatus.

In 1960 County Midwives administered trichloroethylene to 4,273 patients; this represented an increase of 58% over the figure for 1959 and as much as 234% over that for 1958.

The following figures show the increased use of analgesia (both nitrous oxide and trichloroethylene) over the last ten years:—

<i>Approximate percentage of Domiciliary Confinements at which analgesia was administered</i>					
<i>Year</i>					
1951	..	..	..	..	66.4
1952	..	..	..	..	72.0
1953	..	..	..	..	76.9
1954	..	..	..	..	79.1
1955	..	..	..	..	83.0
1956	..	..	..	..	83.8
1957	..	..	..	..	87.1
1958	..	..	..	..	86.8
1959	..	..	..	..	87.9
1960	..	..	..	..	89.5

USE OF PETHIDINE BY MIDWIVES

Another aid to the relief of pain at child-birth is the drug Pethidine which midwives may obtain and use on their own authority. During 1958 and 1959 its use by domiciliary midwives had declined from that for the previous year but an increased use of this drug was made in 1960, as the following figures show:—

1957	1958	1959	1960
47.7%	45.6%	43.3%	48.8%

DISTRICT TRAINING OF PUPIL-MIDWIVES

A part of each pupil-midwife's training is received from a domiciliary midwife with whom she works for a period of three months attending patients in their homes. Thirty-three midwives employed by the Council are approved by the Central Midwives Board to provide this district training in conjunction with the following hospitals:—

Pembury Hospital, near Tunbridge Wells
All Saints' Hospital, Chatham
West Hill Hospital, Dartford
Bexley Maternity Hospital, Bexleyheath
Kent and Canterbury Hospital, Canterbury

During the year 132 pupil-midwives completed their domiciliary training with County midwives as compared with 125 for the previous year.

The Ministry of Health Circular 8/56 set up machinery for the purpose of sharing amongst County Boroughs and County Councils as Local Health Authorities, the costs of Second Part Midwifery Training of pupil-midwives.

After the costs jointly incurred by the Council and each of the above-mentioned hospitals in training pupils during each financial year has been calculated, a payment is made to each relevant hospital authority of such an amount that results in the Council meeting 40% of the total, as recommended by the Ministry of Health.

COURSES OF INSTRUCTION FOR MIDWIVES

Section G of the Rules of the Central Midwives Board requires midwives who are in regular practice to attend, at intervals of five years, a residential refresher course which has been approved by the Board. During 1960 arrangements were made for 36 of the Council's midwives and nurse/midwives to attend approved courses organised by the Royal College of Midwives so that they would comply with the Board's Rules.

Arrangements are not made by the Council for the attendance at residential midwifery refreshers of midwives in private or hospital practice. Instead, as part of the Council's function as a local supervising authority, the attention of such midwives, or where appropriate, that of their employing authority, is drawn to the requirements of Section G of the Rules in each case where this appears desirable to safeguard the midwife's right to continue with her practice.

The Council held its twenty-ninth non-residential post-certificate course for practising domiciliary midwives from 25th to 29th April, 1960, at County Hall, Maidstone, and the many midwives who participated made in all approximately 1,710 attendances.

OFF-DUTY AND RELIEF ARRANGEMENTS

The Council's arrangements during 1960 for the provision of routine off-duty for the district midwifery staff were designed to allow each district midwife 168 hours—and in the case of a district nurse/midwife, 156 hours—clear of duty each four weeks. These totals of hours off-duty comprised, in the case of the district midwife, 24 hours each week and a week-end of 72 hours—or, as was preferred in some areas, 3 periods of 36 hours and a week-end of 60 hours.

In the case of the nurse/midwife, the off-duty in the four-week period consisted of 24 hours each week and a week-end of 60 hours.

The districts are grouped and, to a large extent, the necessary relief to allow for the routine off-duty to be taken was provided by the midwives and nurse/midwives within the group on a reciprocal basis. In some areas it was necessary, however, to employ a group relief who combined providing relief for routine off-duty with other relief work such as for sickness and annual leave.

No fixed "night-call rota" system is operated. In the rural areas such a system would be both unnecessary and impracticable owing to the limited amount of night duty and the distances involved.

In the urban areas where, of course, the amount of night duty occurs more frequently, the midwives for the area relieve each other by a reciprocal arrangement if any of them should have several night calls in succession.

Towards the end of the year the Health Committee of the Council agreed that consideration should be given to the introduction within the following financial year of a 5-day week for nursing staff. The intention was that the amount of nursing and midwifery work done would still be on the basis of a working week, for clinical purposes, of 40 hours, but the off-duty periods should be so arranged that each nurse and midwife would have, on average, two days 'off call' in every seven days.

DISTRICT NURSING SERVICE

The following table shows the number of patients nursed and the number of nursing attendances they received during the year in comparison with the three previous years. These figures show a continuation in the decreases which, in 1958, occurred for the first time since the commencement of the National Health Service.

Individual Patients attended during				Nursing attendances made during			
1957	1958	1959	1960	1957	1958	1959	1960
28,890	27,298	25,760	24,342	837,786	800,353	755,136	724,151

The table on page 25 excludes reference to casual visits of a non-nursing nature, which, in 1960, amounted to 16,727, made to patients of all categories.

The following table gives the number of patients attended and the number of nursing attendances received, classified to show the different types of patients dealt with by the nurses during the year. The total of 24,342 patients included 58.2 per cent who were 65 years of age, or over, and the attendances to these elderly patients accounted for 65.6 per cent of the total made to patients of all ages; the corresponding percentages relating to elderly patients for the previous year were, 59.9 and 67.7 respectively.

The table also shows that of the patients of all ages who were attended during the year, 2.1 per cent were infants of five years of age or less as compared with 2.2 per cent for 1959.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of patients attended by District Nurses during the year	21,681	2,154	—	271	225	11	24,342	14,178	520	6,521
* No. of visits paid by District Nurses during the year	636,129	70,901	—	15,393	1,645	83	724,151	475,749	4,132	513,088

* Excluding 16,727 unclassified casual visits

The use of antibiotics in the treatment of a wide range of illnesses means that many patients are visited only for the giving of injections. During 1960, these patients totalled 5,795 and they received 205,910 visits, as compared with the 7,033 patients and 245,846 visits recorded for 1959.

POST CERTIFICATE TRAINING

From 26th to 30th September, 1960, the Council held at County Hall, Maidstone, its eleventh non-residential refresher course for its district nurses, who made approximately 1,800 attendances.

BLIND PERSONS

The number of registered blind persons in the County at the 31st December, 1960, was 3,347 and the age-sex grouping is:—

Age group	Male	Female	Total	Approx. number of registered blind persons per 10,000 population in respective age groups
Under 1	0	0	0	2.16
1	2	0	2	
2	2	1	3	
3	3	2	5	
4	2	2	4	
5—10	29	16	45	25.97
11—15	12	15	27	
16—20	21	9	30	
21—29	35	21	56	
30—39	66	55	121	
40—49	99	74	173	
50—59	132	149	281	
60—64	117	126	243	
65—69	105	197	302	
70—79	320	582	902	
80—84	173	347	520	
85—89	131	288	419	
90 and over	34	180	214	
TOTALS	1,283	2,064	3,347	

The following table shows the action taken concerning the examination of persons alleged to be blind during 1960:—

	Number of examinations	Certified Blind		Not certified blind	
		Male	Female	Male	Female
NEW CASES	453	110	211	49	83
RE-EXAMINATIONS:—					
Previously blind—still blind	5	2	3	—	—
Previously blind—now not blind	7	—	—	2	5
Previously not blind—still not blind	48	—	—	18	30
Previously not blind—now blind	44	18	26	—	—
TOTALS	557	130	240	69	118

ST. DUNSTANERS

The number of St. Dunstaners registered in this County is 79, of whom 44 are in employment, 34 are unemployable and 1 is receiving training.

REGISTER OF BLIND PERSONS

The central register of the blind is kept in the Health Department and arrangements have been made to keep the Kent County Association for the Blind informed of action taken concerning blind persons.

The Blind Welfare Services provided are:—

HOME TEACHERS

There are 15 home teachers who regularly visit the registered blind persons and keep in touch with those who are classed as partially sighted. Their duties include reporting on new cases with a view to registration and teaching Braille, Moon and pastime handicrafts in suitable cases. This pastime work is taught either in the homes of the blind persons, or at special classes when the number attending justifies such arrangement. The home teachers have formed and in some cases attend social clubs where an opportunity is provided for refreshment, education and games. Their duties are arranged to enable them to undertake certain enquiries and services for the Kent County Association for the Blind.

During the past year the home teachers made 18,130 visits, gave 633 lessons in Braille or Moon and 6,564 lessons in pastime handicrafts for blind persons and 1,084 visits, 163 lessons in Braille or Moon and 81 lessons in pastime handicrafts for partially sighted persons.

WORKSHOP EMPLOYMENT

There were 12 men and 3 women employed in workshops administered by the following Organisations:—

London Association for the Blind
Blind Employment Factory
Royal School for the Blind
Royal London Society for the Blind
General Welfare of the Blind
West Ham Municipal Workshops for the Blind

These workshop employees were occupied as follows:—

					Male	Female
Injection moulder	..	..	..	..	1	—
Basket makers	..	..	..	..	4	—
Brush makers	..	..	..	..	*3	—
Mat maker	..	..	..	..	1	—
Machine knitters	..	..	..	..	—	3
Boot repairer	..	..	..	..	1	—
Telephonist	..	..	..	..	1	—
Soap maker	..	..	..	..	1	—
					—	—
TOTAL	..	..	..	..	12	3
					—	—

* Includes one partially sighted person.

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating procedure. The workers' actual earnings are augmented by a sum of 15s. a week and additional supplementation as is necessary to bring the earnings plus augmentation up to an agreed minimum wage. The augmentation and supplementation is paid by the Council.

HOME EMPLOYMENT

Arrangements are made under the Home Workers Scheme whereby blind persons desiring to work on their own account can do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council. The rates of augmentation range between £4 3s. 0d. for men on net earnings of up to £4 10s. 0d. a week, reducing to £1 3s. 0d. on net earnings of £10 8s. 0d. a week and over, with reduced rates for women.

The scheme also provides for payments during sickness, unemployment and holidays, and tests for admission to and retention in the scheme.

At 31st December, 1960, there were 51 persons in the Home Workers Scheme—38 males and 13 females. The trades followed and the number in each, were as follows:—

	Male	Female
Basket makers	9	—
Chair seaters	*4	—
Hand knitter	—	1
Machine knitters	—	12
Mat-makers	3	—
Musician and music teacher	1	—
Piano-tuners	15	—
Braille copyists	2	—
Woodworker	2	—
Refreshment bar keeper	1	—
Shop keeper	1	—

*Includes one partially-sighted person.

Home Workers are supervised by the Royal National Institute for the Blind, the National Library for the Blind, the Home Teachers and District Officers of the Department and receive assistance in the disposal of their products.

The Department has continued to consult with the Ministry of Labour and National Service regarding suitable training and employment for employable blind persons.

The Service for placement of blind persons in open industry is provided by the Royal National Institute for the Blind on behalf of the County Council.

FOLLOW-UP OF TREATMENT RECOMMENDED FOR REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

Number of cases registered during 1960 in respect of whom Section F of forms B.D.8 completed by examining ophthalmologists recommended:—	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(a) No treatment	63	36	—	176	275
(b) Treatment:—					
(i) Medical	8	9	—	61	78
(ii) Surgical	77	3	—	21	101
(iii) Optical	7	2	—	13	22
TOTALS	155	50	—	271	476
Number of cases at (b) above, which on follow-up action have:—					
Received treatment	15	4	—	25	44
Commenced and were continuing to receive treatment	3	7	—	42	52
Decided to have treatment some time in the future	30	2	—	16	48
Been found unfit to undergo treatment	5	1	—	1	7
Refused treatment	25	—	—	5	30
Died since recommendation made	11	—	—	5	16
Left the County before follow-up completed	3	—	—	1	4
TOTALS	92	14	—	95	201

OPHTHALMIA NEONATORUM

Five cases of Ophthalmia Neonatorum were notified during the year, but in no instance was there loss or impairment of vision and no case remained under treatment at the end of the year.

WELFARE SERVICES FOR THE HANDICAPPED

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY SIGHTED AND DEAF OR DUMB REGISTER

A central register is maintained in the Health Department of handicapped persons assisted under the Council's scheme, and the following table gives details of the persons on the register on the 31st December, 1960:—

				<i>Children under 16</i>	<i>Persons aged 16—64</i>	<i>Persons aged 65 and over</i>	<i>Total</i>
Males	..	..	..	—	197	45	242
Females	..	..	..	1	175	61	237
				—	—	—	—
TOTAL	..	..	..	1	372	106	479
				—	—	—	—

SOCIAL WELFARE

The 21 District Officers of the Department are designated as welfare officers for the purpose of giving help and advice to handicapped persons and assisting them to overcome the effects of their disabilities.

ADAPTATION OF PREMISES

During the year arrangements were made for adaptations to be carried out at the homes of 41 persons to secure their greater comfort or convenience. Most of the adaptations involved the construction of runs-in and footpath crossings to facilitate the use of invalid tricycles supplied to disabled persons by the Ministry of Health; others consisted of the fitting of handrails on staircases and in bathrooms, and in a few cases more extensive structural alterations were carried out to enable handicapped persons to be more mobile and independent in their own homes.

CLUBS

Financial assistance was given by the County Council in respect of 15 clubs organised by the British Red Cross Society and other voluntary agencies for handicapped persons. Approval was given in 26 cases to the use of ambulance service vehicles to convey disabled persons to clubs where they were incapable of travelling by other means of transport.

HOLIDAYS

The County Council approved holidays of up to two weeks in any year being provided to handicapped persons who were homebound, chairbound or where there were circumstances which would make it difficult for them otherwise to obtain a holiday. During the year arrangements were made for 8 handicapped persons to take a holiday.

CRAFT SERVICE

As stated in my last annual report, a Craft Instructor was appointed on the 1st September, 1959, to provide homebound handicapped persons in the Cranbrook and Maidstone area with some form of remunerative or pastime occupation. During the year, 32 disabled persons in that area were assisted by the Craft Instructor to undertake some form of work at home, and the crafts taught included the making of costume jewellery, soft toys, cane work, embroidery and woodwork. Outwork involving the trimming and finishing of moulded plastic articles was obtained from a factory at Paddock Wood and orders carried out for the County Supplies Department including the making of 4,317 bean bags, 33 cushion covers and 50,000 library book pockets.

The County Council approved an increase in the establishment to provide for six additional Craft Instructors but it was found possible to fill only one vacancy during the year when a second Craft Instructor was appointed on the 1st December, 1960, for the Tunbridge Wells and Sevenoaks area.

SHELTERED EMPLOYMENT

The County Council accepted responsibility for the payment of a grant in respect of the employment of one woman at the Yateley Industry for Disabled Girls. One man, who was admitted to Dorincourt Estates, Leatherhead, on the 26th October, 1959, left that workshop on the 31st March 1960.

PERSONS WHO ARE DEAF OR DUMB

The Canterbury Diocesan Association for the Deaf and the Royal Association in Aid of the Deaf and Dumb act as agents of the County Council for the purpose of providing in their respective areas the services prescribed by the mandatory provisions of the Council's approved scheme for the welfare of the deaf or dumb.

AMBULANCE SERVICE

The ambulance service is provided under Section 27 of the National Health Service Act, 1946, from nineteen ambulance stations. Five of the smaller stations are operated by voluntary associations under agency arrangements and two of these are small country stations manned by volunteers. A joint service is operated in addition by the Canterbury City Council covering Canterbury and the adjacent County area. Supplementary transport for sitting patients is provided in a few areas by the Hospital Car Service.

The County Council has special arrangements with the London County Council and the Canterbury City Council for the conveyance of patients suffering from typhus or smallpox, and in one small border area the County Council provides a general ambulance service on behalf of the East Sussex County Council.

OPERATIONAL CONTROL

Requests for transport for stretcher patients, other than emergencies, are only accepted from medical practitioners, hospitals, midwives and nurses. Except in an emergency, transport for sitting patients is only provided at the request of a medical practitioner. All transport requests are dealt with at the ambulance stations and further enquiries are made where appropriate.

EMERGENCY CALLS

The control rooms at the Barnehurst, Broadstairs, Bromley, Chatham, Maidstone and Tunbridge Wells stations are manned on a twenty-four hour basis. In the areas served by these control stations, which cover the whole County with the exception of the Ashford and Faversham areas, all emergency calls are sent by the Post Office direct to the ambulance service and if an ambulance station is unmanned at the time the call is immediately passed by the Post Office to the nearest of the six control stations. In the Ashford and Faversham areas emergency calls are routed by the Post Office to the nearest manned fire station which then passes the call to the nearest manned ambulance station.

At certain stations throughout the County, stocks of blankets, stretchers and first aid equipment are maintained for use in major accidents and at all ambulance stations comprehensive instructions are available on the procedure to be followed should such an emergency arise.

The total number of emergency calls answered, apart from a few hoax calls, during 1960 was 16,969 and the average time taken to reach the scene from the receipt of the call was 6.5 minutes. During this period the number of patients attended amounted to 18,214 which represents 2.75 per cent of all patients carried by the service.

RAIL JOURNEYS

Where practicable, rail transport is used for long distance journeys and very good arrangements are made by the staff of British Railways for the welfare and comfort of patients. Owing to the increasing use of new types of passenger trains which do not provide suitable accommodation or access for stretcher patients in some instances it has become more difficult to arrange transport by rail.

CO-ORDINATION OF JOURNEYS

Whenever it is possible to do so journeys are co-ordinated with a view to a number of patients being conveyed together in the same vehicle. All journeys over twenty miles are reported to the central office for co-ordination and shorter journeys are dealt with, where appropriate, between neighbouring stations.

RADIO-TELEPHONY

Further progress was made during the year on the re-organisation of the radio-telephone network to provide:—

- (a) for the new system of "narrow channel" frequencies introduced by the General Post Office
- (b) radio links between main stations and
- (c) replacement of worn out equipment.

Twenty additional mobile sets for vehicles were also provided thus increasing the number of vehicle sets in use to one hundred and ninety.

REPAIR AND MAINTENANCE ORGANISATION

The repair and maintenance of ambulance service vehicles is carried out, under the supervision of the ambulance service engineers, by mechanics in the service, by commercial garages and by the Roads Department's Central Repair Depot. Workshop facilities are provided at four ambulance stations and are included in the plans for proposed new stations. Where these facilities are not available mechanics visit stations with service vans to carry out routine inspections, maintenance and minor repairs.

STATION ACCOMMODATION

During the year the new Maidstone Ambulance Station was completed and investigations made into sites for additional new building in 1961, in accordance with the Council's policy of replacing old and inadequate station accommodation.

VEHICLES

The following shows the vehicle position at the end of 1960:—

	<i>Ambulances for recumbent patients</i>	<i>Ambulances for sitting patients</i>
Vehicles operated by the County Council	135	97
County vehicles allocated to Canterbury Joint Service	4	1
County vehicles operated by Voluntary Associations ..	13	8
Vehicles owned and operated by Voluntary Associations	1	—
	<hr/> 153 <hr/>	<hr/> 106 <hr/>

OPERATIONAL STATISTICS

<i>Ambulance Service Vehicles</i>	1960	1959
Total mileage	3,741,870	3,643,892
Number of journeys	130,813	129,172
„ „ patients carried ..	655,209	632,197
„ „ emergency cases ..	18,214	18,019
<i>Hospital Car Service</i>		
Total mileage	137,420	125,039
Number of journeys	2,774	2,379
„ „ patients carried ..	6,702	6,598
<i>Whole Service</i>		
Total mileage	3,879,290	3,768,931
Number of journeys	133,587	131,551
„ „ patients carried ..	661,911	638,795

The following table shows the decrease effected in the number of miles per patient as a cumulative result of the measures introduced to promote economy in the ambulance service:—

<i>Period</i>	<i>Patients</i>	<i>Mileage</i>	<i>Miles per Patient</i>
Year ended 31.12.51 ..	436,233	3,894,912	8.93
„ „ 31.12.52 ..	520,675	3,899,458	7.49
„ „ 31.12.53 ..	572,108	3,972,118	6.94
„ „ 31.12.54 ..	614,505	4,022,462	6.54
„ „ 31.12.55 ..	609,224	3,886,692	6.38
„ „ 31.12.56 ..	608,838	3,700,494	6.08
„ „ 31.12.57 ..	599,688	3,647,768	6.08
„ „ 31.12.58 ..	622,213	3,743,683	6.01
„ „ 31.12.59 ..	638,795	3,768,931	5.90
„ „ 31.12.60 ..	661,911	3,879,290	5.86

MENTAL HEALTH

The year under review has seen considerable changes in the provision of services for the mentally disordered. As mentioned in my last report, certain parts of the Mental Health Act, 1959, came into force during 1959 but the remaining provisions of the Act did not become operative until 1st November, 1960. Prior to this date, a great deal of preparation was necessary in order that the new Act might be operated smoothly when it came into force.

The County Council's proposals under the new Act were prepared and finally approved by the Minister in June. Briefly, they provide for the Council's duties under the Act to be carried out as part of its functions under Part III of the National Health Service Act, 1946, and the integration, as far as practicable, of the Mental Health Services with the other Health and Welfare Services under the control of the Health Committee. The proposals include the provision of adequate Training Centre facilities, residential accommodation for mentally disordered persons not in need of hospital care and for the general care and after care of persons in the community. Adequate and suitably qualified staff to be employed to meet such demands as may be made on the service. As a corollary of this, 4 Medical Officers were designated "responsible Medical Officers", the 21 District Officers, who were formerly Duly Authorised Officers under the Lunacy and Mental Treatment Acts, were re-designated Mental Welfare Officers under the new legislation, and the 22 Assistant District Officers have been approved to act in a similar capacity in emergency or by way of relief. The District Officers are also charged with the duty of providing after care of mentally disordered persons in the community and are assisted in this duty by their Assistants, Assistant Mental Health Officers and by Health Visitors. The County Council, after consultation with an Advisory Panel set up by the Regional Hospital Board, approved 60 Medical Practitioners for the purposes of Section 28 of the Mental Health Act 1959.

In order that after care of mentally disordered persons discharged from hospital should be carried out as efficiently as possible, consultations on the size and needs of the problem have taken place between members of the staffs of Psychiatric Hospitals and the County Staff.

All staff concerned with the welfare of mentally disordered persons in the community were given the opportunity of attending a week's course organised by the Psychiatric Hospitals in the area. The staff of the Training Centres and Home Teachers also attended the 3-day Refresher Course which was again held at the Hildenborough Training Centre. In addition, 8 members of the Training Centre staff continued to attend at the 2-year "In-Service" Course arranged by the National Association for Mental Health. Two members were granted unpaid leave to attend the 1-year Course run by the same body and the 3 who completed their Course this year were all successful in obtaining their Diplomas.

Accommodation for elderly mentally disordered persons is available at Hartley House, Cranbrook, a Home formerly provided by the Council under Part III of the National Assistance Act.

During the year, 2 new Training Centres were opened. A Senior Centre for adults in specially adapted premises at Swanley and the opening by the Chief Medical Officer of the Ministry of Health of a specially built Centre for persons of all ages at Rochester coincided with the introduction of the new Act in November. This Centre replaces the old Centres in rented premises at Gravesend and Gillingham.

The total number of Centres of all types in the County remains at 11 and the number of persons attending increased to 562. In addition, 18 Kent cases attend at the Canterbury City Centre. The 8 Home Teachers employed instruct 140 persons in their own homes.

There were at the end of the year 1,627 cases receiving community care or after care, the bulk of whom were formerly under supervision as mental defectives. These "transferred" cases are being reviewed by the Mental Welfare Officers with a view to deciding whether, now that supervision is no longer statutory, there are grounds for its continuance in each case. Similarly, the 28 cases under Guardianship are being reviewed by the "responsible Medical Officers" and it is anticipated that in the majority of cases that restraint will be found to be unnecessary and the Orders will be discharged.

The Regional Hospital Board continued to provide both permanent and temporary accommodation for subnormal and severely subnormal persons and during the year 159 patients were admitted permanently and 145 on a temporary basis. The waiting list for permanent care, however, continues to remain high and there were at the end of the year 192 cases whose need was considered urgent and 197 who will need care at some future date.

The Council is also maintaining 5 cases in private residential Homes.

ENVIRONMENTAL HEALTH

(1) WATER SUPPLIES

(a) Rural Districts

One proposal was submitted to the County Council in 1960 concerning water mains extensions in rural districts. The total number of schemes submitted for consideration under the Rural Water Supplies and Sewerage Acts is 130 involving capital expenditure of the order of £275,000.

(b) Section 14. The Water Act, 1945

Licenses are issued by the Ministry of Housing and Local Government to industrial and agricultural interests which control the sinking of new bore holes and the abstraction of underground water. Conditions are attached to licenses concerning the dimensions of bore holes, rates of extraction, the necessary instrumentation and the records required to be maintained.

At the present time there is full compliance with the licence conditions for 41 of the 88 installations. Ten proposals were abandoned whilst for various reasons most of the remaining cases are not yet in commission.

(c) Examination of Water Supplies

During the year local authorities in the County submitted samples of distributed water supplies for bacteriological and chemical examination to the extent indicated in the following table:—

	Bacteriological	Chemical
(a) from statutory water supply undertakings*	1,868	310
(b) from private sources piped to dwellings ..	262	22
(c) from other private sources	158	16

*Excluding Metropolitan Water Board area of supply.

In addition to these examinations the Mid-Kent Water Company regularly submit reports on sources of water (i.e. of raw untreated water).

Attention is directed to the annual report of the Director of Water Examination of the Metropolitan Water Board with regard to supplies in that part of the county within the Board's area of supply.

Number of dwellings not supplied by pipes

Returns by district councils indicate that the number of dwellings in the administrative County area not supplied by public water mains or other adequate piped supplies is estimated to be 1,448.

(2) SEWERAGE

The number of sewerage schemes submitted to the County Council for grant purposes since 1944 is 166 with estimated capital costs (1960/61) reported as £3,746,800.

Among the many schemes which have been completed or are in course of construction is that for Dymchurch and St. Mary's Bay in which work was commenced in January 1961. Works valued at £150,000 have been completed mainly in respect of sewers and ejector stations.

(3) MILK AND DAIRIES

(a) There was little change throughout the year in the functions of the Department in this field. Executive duties discharged continue to be the supervision of installations for the pasteurisation and sterilisation of milk, the biological condition of raw milk supplies from farms and the general approval of sources and quality of school milk supplies. Reports on these items are given. As in previous years, sampling of milk at the six hospital farms has continued throughout the year and the results are included separately below.

An important change in milk legislation, which will greatly increase the Department's duties in this field is the introduction of the Milk (Special Designation) Regulations, 1960. Although these Regulations came into operation on 1st October, 1960, the provisions relating to "Dealers' licences", which concern the County Council as Food and Drugs Authority, did not come into effect until 1st January, 1961. A report on the new Regulations is set out below.

(b) *Pasteurisation Plants*

The number of dairies in the County licensed to pasteurise milk was as follows:—

Licensed by the County Council	20
Licensed by other Food and Drugs Authorities in Kent ..	19

Three pasteurisers' licences were surrendered during the course of the year. Of the seventeen plants remaining, twelve are high temperature-short-time installations which operate on the continuous flow principle and five are of the batch-holder type used by the smaller dairyman.

The general trend over the past few years has been for smaller dairymen to change to ready-bottled supplies, and in consequence the number of pasteurising and bottling dairies has gradually decreased. From the public health point of view this decrease means a reduction in the number of points where contamination of the milk can take place, but it also means that, as the larger dairies handle more and more of the County's milk supplies, any breakdown of control measures could place a larger proportion of the population at risk.

The quantity of milk pasteurised daily by plants licenced by the County Council is 30,000 gallons.

Further details of County Council sampling, together with details of the examination of supplies by District Councils in the wider field of distribution are as follows:—

	No. of Samples	Appropriate Tests	Passed	Failed
County Council Plant Sampling.. ..	169	Phosphatase Methylene Blue	168	1
			169	Nil
County Council School Milk Sampling..	182	Phosphatase Methylene Blue	182	Nil
			174	8
District Council Sampling (including other Food and Drugs Authorities)	2,182	Phosphatase Methylene Blue	2,173	9
			2,055	28 plus 4 void

(c) *Sterilisation Plant*

Towards the end of 1959 one large pasteurising dairy commenced the installation of equipment to carry on a milk sterilisation process and the necessary licence, the first in Kent, was issued on the 20th January, 1960.

(d) *Biological Examination of Milk*

The programme of farm sampling at morning milking was continued throughout the year and 447 farms were visited.

Samples are examined for tuberculosis and *Brucella abortus*. As is to be expected in an "Attested area" no evidence of tuberculosis was found.

In 21 samples *Br. abortus* was isolated. This represents a rate of 4.69% but as it is in respect of only 447 dairy farm samples it is not the representative rate for the County. During 1960 the initial survey of the biological state of producers' milk was completed. The number of registered milk producers was approximately 1,400 and 2.86% of the herds concerned were infected with *Br. abortus*.

(e) *Hospital Dairy Farms*

Duties at hospital farms comprise monthly sampling of milk supplies for keeping quality examination and three-monthly sampling for biological examination. Seven samples failed the Methylene Blue test during the year; all the biological examinations were satisfactory. The Director of the Public Health Laboratory notifies the Ministry of Health of all results and usually no further action is called for by the Department.

(f) *Milk in Schools Scheme*

In consultation with the District Medical Officers of Health, I am required to approve the source and quality of school milk supplies. Where possible, approved supplies are always of pasteurised milk, but there still remain some six schools, each having a different supplier, for which it is not possible to obtain a pasteurised supply. In these six cases tuberculin tested milk is delivered. As an added safeguard, each of these supplies is submitted for biological examination three times a year.

The examination of school milk supplies in the areas where the County Council is the Food and Drugs Authority is provided for by a sampling programme arranged by the Chief Inspector of Weights and Measures. In addition to the biological examinations already described, samples are submitted to the prescribed tests for pasteurised milk and to examination for chemical composition. A summary of the appropriate sample results is given below.

The number of contractors supplying milk to schools throughout the County is 94.

Authority	Number of samples					
	Pasteurised Milk				Raw Milk	
	Phosphatase Test		Methylene Blue Test		Biological Examination	
	Pass	Fail	Pass	Fail	Neg.	Pos.
Kent County Council ..	182	Nil	174	8	16	Nil
Other Food and Drugs Authorities	194	2	192	1 (3 Void)	—	—

Of the above samples 74 were submitted for examination for chemical composition. All were found to be satisfactory except for 4 cases in respect of milk fat deficiencies.

(g) *Milk and Dairies (General) Regulations, 1959.*

The number of dairies and distributors registered by district councils during the year under the above regulations are:—

Number of registered dairies in the County Food & Drugs area	128
Number of registered dairies in the other Food & Drugs areas	82
Number of registered distributors in the County area	1,883

(h) *Milk (Special Designation) Regulations, 1960*

The above Regulations, which were made during 1960, but which, in so far as the County Council, as a Food & Drugs Authority, is concerned, did not come into effect until 1st January, 1961, introduced a major change in the licensing arrangements for dealers in designated milk. Previously District Councils were licensing authorities for all dealers in designated milk, except those dealers who carried on any processes of pasteurisation or sterilisation of milk. Persons selling milk in more than one district needed a supplementary licence in respect of each additional district and approximately 1,500 licences were issued by District Councils every year. Under the new Regulations, from 1st January, 1961, all dealers' licences are issued by Food & Drugs Authorities, including a new type for pre-packed milk, whilst the issue of supplementary licences, referred to above, has been discontinued. The new arrangements in fact achieve the objective of simplifying licensing procedure and this is reflected by the number of licences issued by the County Council, namely 971 for a five-year period as compared with the 1,500 a year referred to above for the same administrative area. Details of the licences issued are as follows:—

Dealers' (Tuberculin Tested) Licences ..	28
Dealers' (Pasteurisers) Licences	17
Dealers' (Sterilisers) Licences	1
Dealers' (Pre-Packed) Licences	925
	<hr/>
	971
	<hr/>

(4) MEAT INSPECTION AND SLAUGHTERHOUSES

(a) Meat Inspection

The following information is supplied by District Councils.

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	12,699	4,030	6,321	71,273	126,358	Nil
Number inspected	12,699	4,030	6,321	71,273	126,358	Nil
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	10	22	30	186	165	Nil
Carcasses of which some part or organ was condemned	2,008	1,479	48	4,042	10,842	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	15·8	37·2	1·23	5·9	8·79	Nil
<i>Tuberculosis only:—</i>						
Whole carcasses condemned	1	1	Nil	Nil	11	Nil
Carcasses of which some part or organ was condemned	51	30	Nil	Nil	1,419	Nil
Percentage of the number inspected affected with tuberculosis	0·4	0·76	Nil	Nil	1·13	Nil
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	58	3	—	—	—	—
Carcasses submitted to treatment by refrigeration	48	2	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—	—

(b) No. of Slaughterhouses in Use:—

Slaughterhouses/ Abattoirs in Operation Owned or Leased by Local Authority	Private Slaughterhouses		Bacon Factories	Knackers' Yards
	Licensed	Operating		
4	81	67	2	8

Once again these figures show that 100% inspection is carried out on all animal carcasses slaughtered for human consumption in the County area.

(c) Food-Preparing Premises

Given below is a summary of the information supplied by district councils in connection with food preparing premises:—

(a) the number of food premises in the area	15,641
(b) the number of food premises registered under Section 16 of the Food and Drugs Act, 1955	7,146
(c) the number of inspections of registered food premises	19,527

(5) HOUSING

The following information has been collated from figures supplied by District Councils. It is a summary of quarterly returns made by local authorities to the Ministry of Housing and Local Government during the year ended 31st December, 1960:—

*Houses in clearance areas and unfit houses elsewhere**(a) Houses demolished*

	<i>Houses Demolished</i>	<i>Displaced during year Persons</i>	<i>Families</i>
<i>In Clearance Areas (Housing Act 1957)</i>			
(1) Houses unfit for human habitation ..	638	1,477	513
(2) Houses included by reason of bad arrangement	5	—	—
(3) Houses on land acquired under Section 43(2) Housing Act, 1957	41	61	23
<i>Not in Clearance Areas</i>			
(4) As a result of formal or informal procedure under Section 17(1) Housing Act, 1957 ..	389	623	225

(b) Unfit Houses Closed

(5) Under Section 16(4), 17(1) and 35(1) Housing Act, 1957	312	495	184
(6) Under Sections 17(3) and 26 Housing Act, 1957	4	7	3
(7) Parts of buildings closed under Section 18, Housing Act, 1957	46	26	8

(c) Unfit Houses made fit and houses in which defects were remedied

	<i>By Owner</i>	<i>By Local Authority</i>
(8) After informal action by local authority	4,518	—
(9) After formal notice under—		
(a) Public Health Acts	502	66
(b) Sections 9 and 16 Housing Act, 1957	95	9
(10) Under Section 24 Housing Act, 1957	44	—

(d) Unfit houses in temporary use (Housing Act, 1957)

<i>Position at end of year</i>	<i>No. of houses (1)</i>	<i>No. of separate dwellings contained in column (1) (2)</i>
(11) Retained for temporary accommodation		
(a) Under Section 48	—	—
(b) Under Section 17(2)	1	1
(c) Under Section 46	—	—
(12) Licensed for temporary occupation under Section 34 or 53	—	—

(e) Purchase of houses by agreement

	<i>No. of houses (1)</i>	<i>No. of occupants of houses in column (1) (2)</i>
(13) Houses in Clearance Areas, other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year	21	48

RESIDENTIAL SERVICES

RESIDENTIAL ACCOMMODATION FOR ELDERLY AND DISABLED PERSONS

Homes provided directly by the County Council and residential accommodation at hospitals are:—

<i>County Homes</i>				<i>At Hospitals</i>			
AREA 1 (Pop. approx. 209,040)	Old Rectory, Smarden	30		St. Mary's, Etchinghill	77		
	Woodside, Dover	20		West View, Tenterden	48		
	Leahurst, Dover	20					
	Cairn Ryan, Dover	25					
	General's Meadow, Walmer	38					
	Portal House, Nr. Dover	65					
		<hr/>					
		198					125
AREA 2 (Pop. approx. 182,050)	Eastry House, Eastry	28		The Close, Bridge (K.C.C.)	*57		
	Brendon, Margate	24		Eastry Hospital	60		
	Radley, Tankerton	31		Hill House, Minster	76		
		<hr/>					
		83					193
AREA 3 (Pop. approx. 148,230)	East Hall, Maidstone	39		Linton Hospital	75		
	Hartley House, Cranbrook	113					
		<hr/>					
		152					75
AREA 4 (Pop. approx. 149,670)	Pembury Grange, Tunbridge Wells ..	38					
	Sandhurst, Tunbridge Wells	30					
	Court Royal, Tunbridge Wells	31					
	Oakhurst, Hildenborough	24					
	Hardwick, Hildenborough	59					
	Kippington House, Sevenoaks	41					
		<hr/>					
		223					
AREA 5 (Pop. approx. 366,910)	Blackburn, Sheerness	37		Bensted House, Faversham			
	Medway Homes, Rochester	189		(K.C.C.)	*113		
				St. James', Gravesend	80		
				Milton Regis	60		
				All Saints', Chatham	17		
		<hr/>					
		226					270
AREA 6 (Pop. approx. 265,030)	St. Mary's, Bexley	40		West Hill, Dartford	69		
	Russell House, Bexleyheath	50					
	The Mount, Nr. Dartford	27					
	Manor Gate, Nr. Dartford	31					
	Darenth Grange, Nr. Dartford	52					
	Stanley Morgan House, Nr. Dartford ..	57					
	Old Downs, Hartley	39					
	Holywell, Nr. Meopham	46					
		<hr/>					
		342					69
AREA 7 (Pop. approx. 333,630)	Lubbock House, Orpington	42		Orpington	56		
	Elmbank, Bromley	37					
	Durham House, Beckenham	60					
	Selwood, Chislehurst	36					
		<hr/>					
		175					56
Total for Homes		1,399		Total for Hospitals	788		

*Excludes 51 and 103 hospital beds respectively.

RESIDENTIAL SERVICES

Although the additional accommodation which came into use in 1960 was greatly below requirements it was of the most useful type, namely of bungalow construction. A building provided in 1933 as a nursery block for the then Medway Children's Homes, has been adapted to provide accommodation for 27 feeble, elderly persons, and 1960 saw the bringing into use of Stanley Morgan House, near Dartford, providing for 57 similar residents. This new Home, which commemorates the name of the

late Reverend Stanley Morgan, was the Committee's first large Home, entirely in bungalow form, for the type of elderly person needing most care. Experience has proved the success of this type of building and its plans, with relatively minor adaptations, will provide prototype for future provision. The 84 additional beds were offset by a reduction totalling 7 beds at three Homes to eliminate overcrowding.

The number of persons awaiting admission, after establishing a need for care and attention which is not fully available to them, was 660 at the end of December 1960. This represented the position as it existed on one day but there is a great deal of change continually operating as names are added to, or taken from, the list. In the year 1,384 applications were received, of which 1,352 were accepted. Causes for names being taken from the list, other than by reason of admission, are summarised as to:—

By Death	182
Admission to hospital	47
Transfer to hospital waiting list	54
Withdrawal because:	
Admitted to privately run Homes	30
Able to obtain suitable care ..	162
Left County	44
	<hr/> 236

The size and apparent obduracy of the waiting list is apt to divert attention away from the considerable number of persons who are admitted to Homes. The number in 1960 was 656. The distribution of 534 of these, admitted to the Committee's own Homes, between the different types of Homes now provided was:—

	<i>From the Waiting List</i>	<i>Cases not previously ascertained</i>	<i>Total</i>
Elderly but not needing specialised care	185	171	356
Advanced mental degeneration ..	23	38	61
Advanced physical degeneration ..	37	80	117
	<hr/> 245	<hr/> 289	<hr/> 534

102 persons were admitted at the Committee's cost to ordinary Homes for Old People, and 20 to special Homes, provided by Voluntary Organisations.

In addition, it was possible to arrange short-term care in the Committee's Homes for 97 persons to give a rest to their own families, who normally care for them, or during stays in hospital, etc.

The vacancies for the 534 persons admitted to the Committee's own Homes were created by:—

First use of new accommodation;

<i>Home</i>	<i>No.</i>
Medway Homes (The Bungalow)	28
Stanley Morgan House	57
The Close	6
	<hr/> 91

At existing Homes;

By death	174
Permanent removal to hospitals—	
on exchange	161
not on exchange	51
	<hr/> 212
Departure to own families, etc.	55
Transfer to special Voluntary Organisation Homes	2
	<hr/> 443
	<hr/> 534

For some years it has been the Committee's policy to do all within their power to permit elderly persons to continue to live in the community, thus maintaining their full freedom and independence. Apart from the Committee's own local health services, notably the Domestic Help and Home Nursing Services, grants are given to housing authorities where some form of domiciliary welfare services are provided at old people's housing. Another instance is the making of grants to voluntary organisations providing home meals and clubs. Since it is only by having factual information as to the causes of admissions to communal Homes that the provision of further domiciliary services can be devised, in each of the past seven years 100 consecutive admissions to Homes, all, except in 1955 made during the winter, have been analysed. The situation is described in the attached summary. It should be borne in mind that the 700 admissions analysed, of whom between 45—56% in each year were persons over 80 years of age, represented only part of the total number of persons who entered Homes between July 1955 and December 1960.

Cause of Admission	July/Sept. 1955			Oct./Dec. 1955			Dec. 1956/ Feb. 1957			Dec. 1957/ Jan. 1958			Dec. 1958/ Jan. 1959			Nov. 1959/ Jan. 1960			Nov./Dec. 1960			Average
From:																						
Sick Wards at Joint-User establishments	13	12	25	8	6	14	3	2	5	14	9	23	8	6	14	16	6	22	15	11	26	
Hospital—to secure admission of another resident ..	6	5	11	7	4	11	5	3	8	6	10	16	3	10	13	3	12	15	4	7	11	
Hospital—with no interchange ..	3	4	7	1	2	3	2	3	5	1	5	6	1	2	3	2	1	3	1	4	5	
Mental Hospital	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mental Deficiency Hospital ..	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Private Nursing Homes or Old People's Homes—Closed down	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Self/Family unable to keep up payments	—	2	2	—	3	3	1	1	2	—	1	1	—	1	1	—	—	—	—	—	—	
Did not need nursing home care ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	1	1	—	—	—	
	24	23	47	19	15	34	12	9	21	21	25	46	12	21	33	21	20	41	21	22	43	37.9
With sons or daughters:																						
Moved to smaller house, etc. ..	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	3	—	3	—	—	—	
Insufficient accommodation ..	2	3	5	3	2	5	2	3	5	—	1	1	3	1	4	2	2	4	1	1	2	
Daughter/Daughter-in-law—in poor health	1	—	1	3	1	4	2	6	8	2	2	4	—	1	1	—	—	—	—	—	—	
„ admitted to hospital ..	2	1	3	—	—	—	—	1	1	—	1	1	—	2	2	2	—	2	1	—	1	
„ died	1	—	1	—	1	1	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—	
„ at work all day	—	1	1	2	—	2	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	
„ unable to cope	—	—	—	—	2	2	—	3	3	—	1	1	1	1	2	1	—	1	2	1	3	
Unmarried son—unable to cope ..	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	2	—	2	
Son posted from married quarters	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Family discord	—	2	2	1	2	3	—	1	1	—	—	—	2	—	2	2	—	2	—	—	—	
Family evicted	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
	7	9	16	9	8	17	6	19	25	2	7	9	6	8	14	10	2	12	4	4	8	14.4
With other relatives or friends:																						
Brother, Sister or Sister-in-law in poor health or otherwise unable to cope	2	—	2	2	2	4	2	3	5	1	1	2	—	1	1	—	3	3	2	1	3	
„ died	1	—	1	1	1	2	1	1	2	—	1	1	—	—	—	—	1	1	—	—	—	
„ admitted to hospital ..	—	—	—	—	—	—	—	—	—	—	2	2	—	1	1	—	1	1	—	1	1	
Wife/Husband—died	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
„ admitted to hospital ..	—	—	—	—	—	—	—	—	—	—	2	2	—	2	2	—	—	—	1	—	1	
„ unable to cope	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	
Aged Mother—died	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	1	—	1	
Cousin in poor health	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	
Niece/Nephew—in poor health or otherwise unable to cope ..	1	—	1	2	1	3	—	2	2	—	2	2	—	2	2	—	2	2	—	1	1	
Grandson/Granddaughter—unable to cope	—	—	—	—	1	1	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	
Great Niece—unable to cope ..	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Friend—died	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	
„ in poor health	—	—	—	1	1	2	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	
	4	3	7	7	6	13	3	6	9	3	10	13	5	4	9	—	9	9	5	3	8	9.7
In Lodgings:																						
Needed more care than could be given	3	9	12	—	4	4	2	6	8	3	4	7	5	—	5	2	1	3	—	1	1	
House sold	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Room required for landlady's family	—	1	1	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Landlady admitted to hospital ..	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—	
Evicted	—	—	—	—	—	—	—	—	—	2	2	4	3	6	9	3	1	4	5	2	7	
Landlady moving—no accommodation ..	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	1	1	—	—	—	
House condemned	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	
Domestic employment—employer died	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Domestic employment—employer to hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
	3	11	14	6	6	12	2	6	8	6	6	12	11	6	17	5	4	9	7	5	12	12.0
Living Alone:																						
Court Order N.A. Act Sect. 47 or N.A. (Am.) Act, 1951 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	1	1	—	2	2	
Unable to care for self	2	7	9	6	12	18	11	17	28	7	7	14	11	8	19	1	12	13	2	20	22	
Danger to self	—	1	1	—	2	2	2	2	4	—	3	3	—	2	2	—	5	5	—	2	2	
In a hut/caravan	—	—	—	—	—	—	1	1	2	1	—	1	1	1	2	1	—	1	1	—	1	
House sold under deceased wife's will	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Evicted	2	—	2	1	1	2	1	1	2	—	—	—	—	1	1	—	1	1	—	—	—	
House condemned	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	4	9	13	7	15	22	15	21	36	8	10	18	12	15	27	2	19	21	4	24	28	23.6
Reception Centre—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	7	—	7	1	—	1	
No fixed abode	—	3	3	1	1	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	
Repatriated	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2.4
	42	58	100	49	51	100	39	61	100	42	58	100	46	54	100	45	55	100	42	58	100	100

ACCOMMODATION AND CARE OF OLD PEOPLE

During 1960 further grants to County District Councils for welfare services provided at old people's housing accommodation were approved to:—

<i>District Council</i>	<i>Particulars</i>	<i>Grant not exceeding</i>
Beckenham Borough	29 flatlets with resident warden's quarters, etc., in adapted building at Newlands Park	£870
Crayford Urban District	28 flatlets with resident warden's quarters, etc., in new construction on its housing estate at Three Corners, Barnehurst	£840
West Ashford Rural District	For providing warden services to tenants in old people's dwellings at:— £ Charing 70 Hothfield 70 Smarden 30 —	£170
Chislehurst & Sidcup Urban District Council	Conversion of 33 Station Road, Sidcup, into 9 flatlets	£270
Dartford Borough Council	8 one-roomed bungalows and 6 one-bedroomed flats together with a Warden's flat, accommodation for visitors and a communal room on its Temple Hill Housing Estate	£420 Subject to review if Visiting Warden's Service is subsequently provided for 50 existing nearby housing units
Dartford Rural District Council	18 bungalows under construction in Hart Dyke Road, Swanley, together with a communal room, quiet room and a Warden's flat also Visiting Warden's Service to other flats and bungalows on the same estate, namely, daily visits to 18 dwellings near to Warden's quarters and periodical visits to 22 more distant dwellings	£540 Hart Dyke Scheme £290 Visiting Warden's Service
Maidstone Borough Council	Welfare Services for the employment of a Warden to serve two large housing estates at Shepway and Park Wood, Maidstone, on which there are at present a total of 250 dwellings occupied by old people	£1,000 for an initial period of three years only, the County Council reserving the right after consideration of reports to be made after 1, 2 and 3 years working of the scheme to determine the arrangements
Chatham Borough	Increase from 24 to 25 flatlets in Palmerston Road, Chatham	£720 increased to not exceeding £750
Dartford Borough	Part-time visiting warden service to 100 old persons bungalows and flats on Temple Hill Estate	£300 additional to the grant of £420 already approved, for 14 units, special new building on same Estate
Sheerness Urban District	13 bed/sitting room flats and 17 one-bedroom flats together with flat for a warden, communal and guest room in St. George's Avenue, Sheerness.	£900

It is estimated that during 1961/2 payments will be made in respect of 28 schemes at an estimated total of £14,500 in the year.

VOLUNTARY ORGANISATIONS

Reference was made in last year's report to the review of Meals on Wheels schemes which led to the making of additional provision in the 1960/61 estimates in the hope that schemes could be started in certain heavily populated areas where special circumstances had previously prevented the introduction of local schemes. During the year new services were provided by the W.V.S. to cover Ashford and Bexley and the service in the Medway Towns will be extended when a van is provided.

Reference was also made in last year's report to the first grant of £100 in 1959 towards the administrative costs of the scheme organised by the North West Kent Council of Social Service to introduce elderly persons not requiring residential care in an old people's Home to suitable householders who would accept them on a board-lodging basis. Following a report on the working of the scheme the Council increased the grant up to £1,000 and decided that the use of the money need not be restricted to administrative costs.

The Committee's old established policy of making full use of the facilities available at Homes managed by voluntary organisations has continued and at the end of 1960 maintenance payments were made for a total of 627 persons as follows:—

Old People's Homes	..	..	..	..	450
Special Homes:—					
Blind	..	..	..	..	74
Deaf and/or Dumb	..	..	..	..	10
Crippled	..	..	..	..	25
Epileptics	..	..	..	..	51
Spastic	..	..	..	..	7
Others	..	..	..	..	10
				—	177
					627

TEMPORARY ACCOMMODATION

It is gratifying to be able to report that in 1960 not one application for the provision of temporary accommodation for homeless families was rejected on the grounds of there being no vacancies at King Hill Hostel, West Malling. So far as the provision of temporary accommodation is concerned the year was one of steady progress on the Committee's policy to assist families to re-establish themselves in normal living conditions as a family group. A very important matter was the decision to spend £21,633 to adapt the remaining hutments so as to take out of use old buildings and to install a new boiler house with oil-fired boilers to provide hot water and background heating serving all the quarters.

MENTALLY DISORDERED PERSONS

During 1960 Parliament made Regulations bringing into effect the provisions of the Mental Health Act, 1959, for the provision of residential care to mentally disordered persons who are not in need of treatment in hospital. The Committee has experience, extending over several years, of providing such a service for elderly persons at Hartley House, Cranbrook, and will also extend its old established policy of co-operating with voluntary organisations who are able to provide suitable services.

STATISTICAL TABLES

TABLE 1

Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1960 (mid-year)

DISTRICT	Mid-year Home* Population 1960 (as estimated by the Registrar-General)	Acreage inclusive of Water	Persons per Acre
Urban—			
Ashford U.	26,680	5,657	4.72
Beckenham B.	75,510	5,935	12.72
Bexley B.	91,000	4,869	18.69
Broadstairs and St. Peter's U.	17,260	2,771	6.23
Bromley B.	66,580	6,513	10.21
Chatham B.	50,910	4,371	11.65
Chislehurst and Sidcup U.	89,750	8,957	10.02
Crayford U.	30,920	2,544	12.15
Dartford B.	44,950	4,291	10.48
Deal B.	25,820	2,903	8.89
Dover B.	34,920	3,765	9.27
Erith B.	45,780	3,859	11.86
Faversham B.	12,480	2,994	4.17
Folkestone B.	44,820	4,006	11.19
Gillingham B.	76,940	11,123	6.92
Gravesend B.	49,110	4,619	10.63
Herne Bay U.	20,490	8,566	2.39
Hythe B.	10,360	3,013	3.44
Lydd B.	3,260	11,932	0.27
Maidstone B.	58,190	6,194	9.39
Margate B.	43,990	6,960	6.32
New Romney B.	2,510	1,514	1.66
Northfleet U.	21,580	3,770	5.72
Orpington U.	76,020	20,842	3.65
Penge U.	25,770	770	33.47
Queenborough B.	3,200	1,103	2.90
Ramsgate B.	36,450	3,624	10.06
Rochester B.	48,770	4,378	11.14
Sandwich B.	4,290	2,137	2.01
Sevenoaks U.	17,210	3,720	4.63
Sheerness U.	14,460	943	15.33
Sittingbourne and Milton U.	22,870	4,935	4.63
Southborough U.	9,240	1,758	5.26
Swanscombe U.	9,010	2,142	4.21
Tenterden B.	4,930	8,946	0.55
Tonbridge U.	21,400	4,599	4.65
Tunbridge Wells B.	39,170	6,034	6.49
Whitstable U.	18,090	7,640	2.37
TOTALS—Urban	1,294,690	194,697	6.66
Rural—			
Ashford, East	10,680	51,398	0.21
Ashford, West	10,500	39,455	0.27
Bridge-Blean	19,290	55,868	0.35
Cranbrook	15,160	41,315	0.37
Dartford	52,380	34,026	1.54
Dover	12,900	25,780	0.59
Eastry	22,190	54,276	0.41
Elham	9,740	36,685	0.27
Hollingbourn	17,050	56,796	0.30
Maidstone	19,570	34,487	0.57
Malling	38,260	45,655	0.84
Romney Marsh	4,570	31,035	0.15
Sevenoaks	38,090	62,959	0.61
Sheppey	9,730	20,319	0.48
Strood	27,330	48,541	0.56
Swale	20,520	62,015	0.33
Tenterden	7,350	38,002	0.19
Tonbridge	24,560	41,687	0.59
TOTALS—Rural	359,870	780,299	0.46
TOTALS—County	1,654,560	974,996	1.70

* The figures given in this column are the home populations, including members of the armed forces stationed in the area, and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2

Showing Deaths, Births and Infantile Mortality in the different Urban and Rural Districts of the County of Kent in the year 1960.

DISTRICT	DEATHS				BIRTHS					INFANTILE MORTALITY			
	Number of deaths at all ages	Deaths per 1,000 of the population	Comparable Death-rate*	Legitimate	Illegitimate	TOTAL	Births per 1,000 of the population	Comparable Birth-rate*	Still-births	Legitimate	Illegitimate	TOTAL	Deaths of Infants under one year of age per 1,000 births
URBAN—													
Ashford U. ..	311	11·66	10·97	418	18	436	16·34	16·67	10	7	—	7	16·06
Beckenham B. ..	852	11·28	10·60	1,024	32	1,056	13·98	14·82	12	10	2	12	11·36
Bexley B. ..	795	8·74	10·75	1,287	34	1,321	14·52	14·81	20	17	—	17	12·87
Broadstairs U. ..	247	14·31	10·73	147	10	157	9·10	10·19	3	4	—	4	25·48
Bromley B. ..	792	11·90	11·19	856	38	894	13·43	13·43	18	23	—	23	25·73
Chatham B. ..	470	9·23	9·97	977	60	1,037	20·37	19·76	18	21	—	21	20·25
Chislehurst and Sidcup U. ..	702	7·82	10·17	1,276	51	1,327	14·79	14·35	31	23	—	23	17·33
Crayford U. ..	258	8·34	11·01	511	15	526	17·01	16·16	4	14	—	14	26·62
Dartford B. ..	525	11·68	9·93	709	26	735	16·35	15·86	19	10	1	11	14·97
Deal B. ..	300	11·62	11·27	367	12	379	14·68	15·56	12	3	—	3	7·92
Dover B. ..	440	12·60	12·60	527	41	568	16·27	16·27	16	13	—	13	22·89
Erith B. ..	463	10·11	11·63	687	33	720	15·73	15·73	22	14	—	14	19·44
Faversham B. ..	236	18·91	11·35	228	8	236	18·91	19·67	5	5	1	6	25·42
Folkestone B. ..	585	13·05	11·22	614	40	654	14·59	15·32	12	13	—	13	19·88
Gillingham B. ..	759	9·86	11·04	1,207	61	1,268	16·48	16·97	28	19	—	19	14·98
Gravesend B. ..	501	10·20	11·53	986	54	1,040	21·18	20·12	22	13	—	13	12·50
Herne Bay U. ..	415	20·25	13·77	204	21	225	10·98	12·19	3	4	1	5	22·22
Hythe B. ..	164	15·83	12·35	138	7	145	14·00	15·54	3	1	—	1	6·90
Lydd B. ..	38	11·66	14·58	50	2	52	15·95	20·26	—	1	1	2	38·46
Maidstone B. ..	707	12·15	11·18	964	53	1,017	17·18	17·87	16	16	3	19	18·68
Margate B. ..	724	16·46	12·35	435	47	482	10·96	11·95	8	4	3	7	14·52
New Romney B. ..	31	12·35	11·73	40	1	41	16·33	16·17	1	—	—	—	—
Northfleet U. ..	193	8·94	10·91	415	19	434	20·11	18·90	6	12	—	12	27·66
Orpington U. ..	712	9·37	10·12	1,388	49	1,437	18·90	18·52	22	25	2	27	18·79
Penge U. ..	295	11·45	11·22	519	41	560	21·73	19·77	19	8	1	9	16·07
Queenborough B. ..	38	11·88	13·31	48	3	51	15·94	16·26	2	—	—	—	—
Ramsgate B. ..	533	14·62	12·57	521	46	567	15·56	16·49	9	11	2	13	22·93
Rochester B. ..	536	10·99	12·31	770	34	804	16·49	15·83	17	12	—	12	14·93
Sandwich B. ..	70	16·32	11·75	44	1	45	10·49	12·06	1	2	—	2	44·44
Sevenoaks U. ..	214	12·43	10·57	253	9	262	15·22	15·52	3	6	—	6	22·90
Sheerness U. ..	195	13·49	12·55	253	16	269	18·60	17·67	5	6	1	7	26·02
Sittingbourne U. ..	293	12·81	10·50	335	15	350	15·30	15·61	7	6	—	6	17·14
Southborough U. ..	119	12·88	9·92	135	—	135	14·61	16·95	—	1	—	1	7·41
Swanscombe U. ..	88	9·77	12·02	134	2	136	15·09	14·03	5	4	—	4	29·41
Tenterden B. ..	118	23·94	13·17	57	2	59	11·97	12·21	1	2	—	2	33·90
Tonbridge U. ..	209	9·77	8·79	379	9	388	18·13	18·67	4	6	—	6	15·46
Tunbridge Wells B. ..	676	17·26	10·53	510	28	538	13·74	14·98	17	11	—	11	20·45
Whitstable U. ..	291	16·09	10·30	225	8	233	12·88	16·36	5	2	—	2	8·58
TOTALS IN URBAN DISTRICTS	14,895	11·50	11·16	19,638	946	20,584	15·90	16·22	406	349	18	367	17·83
RURAL—													
Ashford, East ..	119	11·14	9·13	143	14	157	14·70	16·32	2	1	2	3	19·11
Ashford, West ..	167	15·90	10·49	145	10	155	14·76	15·50	1	2	—	2	12·90
Bridge-Blean ..	285	14·77	9·16	266	13	279	14·46	18·08	3	4	—	4	14·34
Cranbrook ..	213	14·05	11·10	184	14	198	13·06	13·58	4	6	—	6	30·30
Dartford ..	455	8·69	10·08	1,036	32	1,068	20·39	19·57	26	21	2	23	21·54
Dover ..	131	10·16	9·14	206	6	212	16·43	18·40	3	12	—	12	56·60
Eastry ..	318	14·33	11·46	368	16	384	17·31	20·43	7	12	—	12	31·25
Elham ..	183	18·79	9·96	139	4	143	14·68	15·56	3	5	—	5	34·97
Hollingbourn ..	179	10·50	9·87	254	21	275	16·13	16·94	4	7	1	8	29·09
Maidstone ..	269	13·75	9·21	275	21	296	15·13	15·89	6	5	1	6	20·27
Malling ..	406	10·61	10·93	660	29	689	18·01	18·91	23	16	—	16	23·22
Romney Marsh ..	49	10·72	9·86	81	8	89	19·47	22·40	—	1	—	1	11·24
Sevenoaks ..	358	9·40	9·02	625	18	643	16·88	17·56	11	9	—	9	14·00
Sheppey ..	123	12·64	12·26	149	11	160	16·44	18·58	6	4	—	4	25·00
Strood ..	247	9·04	10·12	493	17	510	18·66	18·10	7	5	—	5	9·80
Swale ..	194	9·45	9·36	265	13	278	13·55	13·96	11	4	—	4	14·38
Tenterden ..	106	14·42	12·83	105	8	113	15·37	16·60	3	3	—	3	26·55
Tonbridge ..	294	11·97	11·01	356	23	379	15·43	14·81	8	3	—	3	7·92
TOTALS IN RURAL DISTRICTS	4,096	11·38	10·24	5,750	278	6,028	16·75	17·59	128	120	6	126	20·90
TOTALS IN URBAN DISTRICTS	14,895	11·50	11·16	19,638	946	20,584	15·90	16·22	406	349	18	367	17·83
TOTALS IN COUNTY ..	18,991	11·48	11·02	25,388	1,224	26,612	16·08	16·40	534	469	24	493	18·53

* Comparable rates are calculated in respect of each district, by applying to the crude-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

TABLE 3

Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the DISTRICTS in the County of Kent during the year 1960.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Polio-myelitis including Acute Polio-encephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping Cough	Dysentery	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious									
URBAN—																			
Ashford U. ..	—	—	4	40	—	1	—	—	—	1	—	—	13	1	5	1,063	66	—	—
Beckenham B. ..	—	—	2	68	—	9	—	1	—	—	1	—	25	—	14	150	39	61	—
Bexley B. ..	—	—	15	58	—	16	—	—	—	—	2	—	49	8	15	43	57	8	—
Broadstairs U. ..	—	—	2	5	—	—	—	—	—	—	1	—	5	2	3	9	30	54	—
Bromley B. ..	—	—	5	41	2	17	—	—	—	—	—	—	30	3	4	37	37	23	—
Chatham B. ..	—	—	4	38	—	9	—	—	—	—	1	—	22	3	12	256	41	202	—
Chislehurst and Sidcup U. ..	—	—	2	63	—	2	—	—	—	—	—	—	32	4	15	26	231	45	—
Crayford U. ..	—	—	3	18	—	13	—	—	—	—	—	—	25	4	2	42	29	—	—
Dartford B. ..	—	—	6	10	—	24	—	—	—	1	1	—	13	2	6	483	50	9	—
Deal B. ..	—	—	1	23	—	1	1	—	—	—	—	—	5	2	5	47	24	485	—
Dover B. ..	—	—	2	16	—	2	—	1	—	—	1	—	22	2	28	520	77	—	—
Erith B. ..	—	—	1	18	—	15	—	—	—	—	—	—	38	3	3	8	43	4	—
Faversham B. ..	—	—	—	15	—	1	—	—	—	—	—	—	5	—	3	12	29	—	—
Folkestone B. ..	—	—	5	60	1	2	—	—	—	—	1	—	31	3	29	8	84	23	—
Gillingham B. ..	—	—	2	32	—	—	—	—	—	—	1	1	34	7	7	173	74	21	—
Gravesend B. ..	—	—	5	35	—	1	1	—	—	—	—	—	21	5	25	46	43	2	—
Herne Bay U. ..	—	—	—	1	—	—	—	—	—	—	—	—	9	5	—	1	8	—	—
Hythe B. ..	—	—	—	3	—	—	—	1	—	1	—	—	5	—	1	7	3	—	—
Lydd B. ..	—	—	—	3	—	—	—	—	—	—	—	—	2	—	—	—	51	—	—
Maidstone B. ..	—	—	6	28	—	5	—	—	—	1	—	—	26	3	10	12	41	12	—
Margate B. ..	—	—	2	47	—	2	1	2	—	—	—	—	24	2	—	247	48	120	—
New Romney B. ..	—	—	1	4	—	—	—	—	—	—	—	—	1	—	13	2	25	—	—
Northfleet U. ..	—	—	2	3	—	1	—	—	—	—	—	—	15	—	11	2	61	2	1
Orpington U. ..	—	—	3	112	—	12	—	—	—	—	1	1	26	2	14	139	39	61	—
Penge U. ..	—	—	4	34	—	2	—	—	—	—	1	—	17	1	1	129	34	30	—
Queenborough B. ..	—	—	—	10	—	—	—	—	—	—	—	—	—	—	1	7	8	—	—
Ramsgate B. ..	—	—	4	36	—	12	—	—	—	—	—	1	15	1	4	20	111	10	—
Rochester B. ..	—	—	3	46	—	3	—	—	—	—	—	—	21	6	16	19	39	21	—
Sandwich B. ..	—	—	1	3	—	—	—	—	—	—	—	—	2	—	—	7	19	—	—
Sevenoaks U. ..	—	—	—	17	1	1	—	—	—	—	—	—	2	1	3	4	24	13	—
Sheerness U. ..	—	—	2	40	—	—	—	—	—	—	—	—	7	—	6	4	20	2	—
Sittingbourne U. ..	—	—	1	60	—	—	—	—	—	—	1	—	8	1	—	167	50	—	—
Southborough U. ..	—	—	—	3	—	—	—	—	—	—	—	—	2	—	—	27	3	8	—
Swanscombe U. ..	—	—	—	5	—	—	—	—	—	—	—	—	5	1	2	—	25	—	—
Tenterden B. ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	4	—	8	—	—
Tonbridge U. ..	—	—	1	28	—	—	—	—	—	—	—	—	6	—	3	134	11	32	—
Tunbridge Wells B. ..	—	—	2	15	—	12	—	—	—	—	—	—	11	—	7	308	25	31	—
Whitstable U. ..	—	—	4	14	—	—	—	—	—	—	—	—	3	—	—	6	9	—	—
TOTALS IN URBAN DISTRICTS ..	—	—	95	1053	4	163	3	5	—	4	12	3	578	72	272	4,165	1,616	1279	1
RURAL—																			
Ashford, East ..	—	—	1	3	—	—	—	—	—	—	—	—	4	—	3	172	5	4	—
Ashford, West ..	—	—	—	5	—	—	—	—	—	—	—	—	1	—	21	220	8	2	—
Bridge-Blean ..	—	—	—	6	—	—	—	—	—	—	—	—	2	2	11	14	11	15	—
Cranbrook ..	—	—	2	23	—	2	—	—	—	—	—	—	5	1	2	6	56	60	—
Dartford ..	—	—	1	9	—	—	—	—	—	—	—	—	25	5	8	149	133	4	—
Dover ..	—	—	—	8	—	—	—	—	—	—	—	—	4	1	4	71	16	8	—
Eastry ..	—	—	1	3	—	—	2	—	—	—	—	—	13	2	3	44	45	42	—
Elham ..	—	—	—	7	—	—	—	—	—	—	—	—	6	2	—	3	9	—	—
Hollingbourn ..	—	—	3	5	—	—	1	—	—	—	—	—	1	2	1	18	1	7	—
Maidstone ..	—	—	2	17	—	1	—	—	—	—	—	—	8	1	2	4	35	3	—
Malling ..	—	—	7	22	—	2	—	—	—	—	—	1	6	1	7	16	87	56	—
Romney Marsh ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	3	7	27	—	—
Sevenoaks ..	—	—	2	84	—	1	1	—	—	—	—	—	6	1	70	57	57	81	—
Sheppey ..	—	—	—	11	—	—	—	—	—	—	—	—	12	—	10	11	10	7	—
Strood ..	—	—	—	5	—	—	—	—	—	—	—	—	7	2	2	6	8	35	—
Swale ..	—	—	—	56	—	—	—	—	—	—	—	1	5	—	7	136	30	—	—
Tenterden ..	—	—	—	5	—	—	—	—	—	—	—	—	1	1	—	77	14	1	—
Tonbridge ..	—	—	5	30	—	2	—	—	—	—	—	—	9	1	1	57	15	30	—
TOTALS IN RURAL DISTRICTS ..	—	—	24	300	—	8	4	—	—	—	—	2	116	22	155	1,068	567	355	—
TOTALS IN URBAN DISTRICTS ..	—	—	95	1,053	4	163	3	5	—	4	12	3	578	72	272	4,165	1,616	1279	1
TOTALS IN COUNTY ..	—	—	119	1,353	4	171	7	5	—	4	12	5	694	94	427	5,233	2,183	1634	1

TABLE 4

Showing the number of notifications, incidence rates, deaths and death-rates of the principal infectious diseases in the County.

Year	1938	1959	1960	
			Kent	England and Wales (provisional)
SMALL POX				
No. of cases notified ..	4	—	—	1
Incidence rate	0·004	—	—	0·000
No. of deaths	2	—	—	—
Death rate	0·001	—	—	—
SCARLET FEVER				
No. of cases notified ..	2,913	1,977	1,353	32,166
Incidence rate	2·102	1·208	0·82	0·703
No. of deaths	10	—	—	—
Death rate	0·007	—	—	—
DIPHTHERIA				
No. of cases notified ..	1,361	—	—	52
Incidence rate	0·982	—	—	0·001
No. of deaths	58	—	—	5
Death rate	0·042	—	—	0·000
ENTERIC FEVER				
No. of cases notified ..	54	23	4	89
Incidence rate	0·039	0·014	0·002	0·002
No. of deaths	5	—	—	2
Death rate	0·005	—	—	0·000
MEASLES				
No. of cases notified ..	—*	21,214	5,233	159,314
Incidence rate	—*	12·967	3·163	3·481
No. of deaths	10	5	2	31
Death rate	0·007	0·003	0·001	0·001
WHOOPING COUGH				
No. of cases notified ..	—*	1,694	2,183	58,029
Incidence rate	—*	1·035	1·319	1·268
No. of deaths	10	1	—	37
Death rate	0·007	0·001	—	0·001
POLIOMYELITIS AND POLIOENCEPHALITIS				
No. of cases notified ..	36	19	12	382
Incidence rate	0·026	0·012	0·007	0·008
No. of deaths	—	2	2	22
Death rate	—	0·001	0·001	0·000

* Not compulsorily notifiable.

TABLE 5
Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1960.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
										Stomach	Lung, bronchus	Breast	Uterus																								Other malignant and lymphatic neoplasms
Ashford U.	2	1	1	2	—	—	—	2	—	9	22	6	2	28	1	—	66	9	52	10	—	—	13	—	1	1	1	3	—	2	19	—	6	1	—	311	
Beckenham B.	1	1	—	—	—	—	—	—	3	14	48	19	8	83	6	3	175	14	121	39	—	9	33	—	11	7	3	—	—	4	62	8	13	5	—	852	
Bexley B.	4	—	—	—	—	—	—	—	2	28	50	24	9	110	3	7	156	18	75	36	3	40	31	—	7	3	—	—	1	51	6	11	9	—	795		
Broadstairs and St. Peters U.	—	—	—	—	—	—	—	—	1	4	6	7	3	24	—	1	52	44	44	11	—	8	37	—	2	10	4	4	—	6	17	5	1	—	247		
Bromley B.	4	2	—	—	—	—	—	—	1	23	33	18	2	64	3	5	112	133	18	95	46	47	37	—	3	5	4	8	1	74	42	7	6	5	1	792	
Chatham B.	7	1	—	—	—	—	—	—	—	14	25	11	5	38	3	2	60	77	14	41	22	34	22	—	5	3	1	10	—	10	47	9	7	10	—	470	
Chislehurst and Sidcup U.	4	—	—	—	—	—	—	—	—	13	34	19	1	73	9	2	154	15	65	46	1	32	31	—	3	3	1	3	1	6	27	4	5	4	—	702	
Crayford U.	3	—	—	—	—	—	—	—	2	6	15	6	—	34	2	—	50	7	26	11	—	6	13	—	2	3	1	1	1	3	37	8	13	11	—	258	
Dartford B.	2	1	—	—	—	—	—	—	2	8	29	8	1	45	1	7	84	10	77	29	34	50	31	—	4	8	1	1	—	2	21	2	6	2	—	525	
Deal B.	1	—	—	—	—	—	—	—	1	7	11	1	1	32	3	—	55	—	35	34	1	8	13	—	5	4	4	1	3	2	44	1	11	1	—	300	
Dover B.	1	—	—	—	—	—	—	—	1	5	24	9	4	40	3	4	82	15	62	9	—	9	36	—	6	4	1	4	4	3	21	4	11	1	—	440	
Erith B.	5	1	—	—	—	—	—	—	1	16	39	10	3	31	4	4	61	16	64	19	1	15	24	—	2	3	1	3	—	3	35	6	6	5	—	463	
Faversham B.	—	—	—	—	—	—	—	—	—	5	6	4	3	15	1	6	42	2	50	17	3	3	6	—	1	1	4	1	1	3	7	4	8	2	—	236	
Folkestone B.	4	1	—	—	—	—	—	—	—	13	20	8	8	74	1	3	108	12	83	18	3	14	32	—	4	7	1	5	—	3	51	13	16	13	2	—	585
Gillingham B.	2	—	—	—	—	—	—	—	—	25	31	15	10	76	3	3	112	16	80	33	1	46	40	—	6	4	2	3	4	7	69	6	10	2	—	759	
Gravesend B.	5	—	—	—	—	—	—	—	1	18	27	9	3	47	4	5	80	14	67	15	2	13	28	—	6	6	3	2	—	3	43	3	3	2	—	501	
Herne Bay U.	—	—	—	—	—	—	—	—	1	7	14	5	4	36	1	3	68	9	88	21	—	21	14	—	2	6	6	3	2	—	28	9	2	1	—	415	
Hythe B.	—	—	—	—	—	—	—	—	3	2	3	2	2	12	1	—	31	46	3	21	8	3	5	—	3	5	1	1	—	—	9	—	2	1	—	164	
Lydd B.	—	—	—	—	—	—	—	—	—	1	2	—	—	6	—	1	10	3	3	1	—	1	3	—	—	—	—	—	—	—	3	—	1	—	—	38	
Maidstone B.	5	—	—	—	—	—	—	—	1	13	23	14	8	65	1	2	113	14	135	38	1	35	17	—	4	9	2	3	—	7	61	9	13	5	1	707	
Margate B.	4	—	—	—	—	—	—	—	1	19	31	17	5	66	3	4	125	10	121	35	1	27	38	—	5	4	4	8	7	2	50	8	12	9	—	724	
New Romney B.	—	—	—	—	—	—	—	—	—	3	1	—	—	4	—	—	8	6	—	—	2	2	1	—	1	—	—	—	—	—	15	2	—	1	—	31	
Northfleet U.	2	1	1	—	—	—	—	—	—	7	10	7	—	18	3	1	27	2	32	11	—	7	14	—	1	1	1	—	—	2	15	2	—	1	1	193	
Orpington U.	2	1	1	1	—	—	—	—	1	29	33	13	6	78	6	1	132	11	88	42	—	71	27	—	7	3	2	2	—	7	58	13	8	9	1	712	
Penge U.	2	—	—	—	—	—	—	—	—	4	1	2	1	38	3	2	50	8	39	17	1	13	13	—	2	1	3	1	—	3	28	3	2	7	—	295	
Queenborough B.	—	—	—	—	—	—	—	—	—	9	18	5	—	5	—	—	3	1	2	5	—	18	29	—	4	8	4	—	—	4	52	4	13	5	1	—	38
Ramsgate B.	5	—	—	—	—	—	—	—	—	9	17	7	9	54	4	3	87	77	91	36	1	30	22	—	4	8	4	3	1	2	34	8	14	6	—	533	
Rochester B.	3	1	—	—	—	—	—	—	—	2	5	2	—	3	1	—	15	1	8	5	—	2	2	—	1	—	—	—	—	2	11	3	4	5	—	536	
Sandwich B.	—	—	—	—	—	—	—	—	1	6	15	3	—	24	1	—	34	4	22	15	—	13	6	—	—	—	—	—	—	4	25	—	4	5	—	70	
Sevenoaks U.	1	—	—	—	—	—	—	—	1	7	15	4	3	11	2	1	46	5	31	13	—	13	13	—	3	—	—	—	—	4	19	1	1	—	214		
Sheerness U.	—	—	—	—	—	—	—	—	—	8	8	4	3	30	—	2	55	7	42	8	—	13	21	—	3	2	2	1	8	2	26	4	5	3	—	195	
Sittingbourne and Milton U.	—	—	—	—	—	—	—	—	—	1	7	5	3	13	—	—	20	6	9	12	1	5	4	—	—	—	—	—	—	4	19	1	1	—	293		
Southborough U.	—	—	—	—	—	—	—	—	—	—	4	6	1	13	—	—	23	6	9	10	—	3	4	—	2	2	2	—	—	1	8	1	1	—	119		
Swanscombe U.	—	—	—	—	—	—	—	—	—	1	8	2	1	5	—	—	25	—	10	10	—	3	4	—	—	—	—	—	—	—	6	—	—	—	—	88	
Tenterden B.	2	—	—	—	—	—	—	—	—	1	7	2	1	5	—	1	14	2	42	—	—	2	5	—	—	—	—	—	—	2	12	—	—	—	—	118	
Tonbridge U.	1	—	—	—	—	—	—	—	1	4	10	6	—	28	3	5	33	6	22	12	—	21	2	—	—	—	—	—	—	1	13	2	4	5	—	209	
Tonbridge Wells B.	2	—	—	—	—	—	—	—	—	8	25	8	5	51	2	2	114	20	115	48	3	45	18	—	8	4	4	2	1	41	1	20	4	—	676		
Whitstable U.	1	—	—	—	—	—	—	—	—	4	11	12	4	25	2	2	59	53	5	49	14	7	4	—	2	2	1	3	1	3	22	—	3	2	—	291	
TOTALS IN URBAN DISTRICTS	77	7	23	—	—	2	1	2	25	365	685	297	113	1,442	82	82	2,087	2,649	320	2,103	769	721	659	111	157	73	89	85	10	119	1,172	142	253	147	6	14,895	

TABLE 6
Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1960.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
										Stomach	Lung, bronchus	Breast	Uterus																								Other malignant and lymphatic neoplasms
Ashford, East	1	1	—	—	—	—	—	—	—	3	10	4	2	17	2	14	35	5	22	6	1	1	3	1	1	2	—	—	—	1	7	1	1	1	1	119
Ashford, West	—	—	—	—	—	—	—	—	—	3	5	5	2	24	1	25	27	9	25	4	1	1	8	9	7	4	1	—	—	1	7	4	1	1	1	167
Bridge-Blean	—	—	—	—	—	—	—	—	—	3	9	5	5	18	1	30	46	14	54	14	—	6	6	9	7	1	—	—	—	—	29	4	4	4	4	186
Cranbrook	—	—	—	—	—	—	—	—	—	3	5	5	1	50	1	36	30	8	42	14	—	13	5	5	4	3	—	—	—	—	20	4	4	4	4	285
Dartford	—	—	—	—	—	—	—	—	—	3	23	11	—	18	1	57	101	5	41	20	2	23	26	2	2	1	—	—	—	—	42	1	8	7	7	131
Dever	—	—	—	—	—	—	—	—	—	3	4	3	3	14	1	15	18	1	16	12	—	13	5	4	1	—	—	—	—	14	2	1	8	2	455	
East	—	—	—	—	—	—	—	—	—	3	10	6	2	31	1	47	40	5	58	20	—	7	9	4	3	1	—	—	—	—	33	2	2	2	3	318
Elham	—	—	—	—	—	—	—	—	—	3	10	6	2	31	1	47	40	5	58	20	—	7	9	4	3	1	—	—	—	—	33	2	2	2	3	318
Hollingbourne	—	—	—	—	—	—	—	—	—	3	11	7	3	22	1	31	24	5	33	17	—	5	7	4	3	1	—	—	—	—	21	4	4	4	4	179
Maidstone	—	—	—	—	—	—	—	—	—	3	11	7	3	22	1	58	65	7	51	22	1	20	15	3	2	1	—	—	—	—	34	4	3	3	4	269
Malling	—	—	—	—	—	—	—	—	—	3	14	6	4	37	1	58	65	8	51	22	1	20	15	3	2	1	—	—	—	—	34	4	3	3	4	406
Ronney Marsh	—	—	—	—	—	—	—	—	—	3	13	6	4	37	1	58	66	12	28	32	—	17	12	4	2	1	—	—	—	—	28	4	4	4	4	358
Sevenoaks	—	—	—	—	—	—	—	—	—	3	13	6	4	37	1	58	66	12	28	32	—	17	12	4	2	1	—	—	—	—	28	4	4	4	4	358
Sheppey	—	—	—	—	—	—	—	—	—	3	12	7	7	27	1	17	20	7	21	4	—	1	10	4	2	1	—	—	—	—	21	2	2	2	2	123
Strood	—	—	—	—	—	—	—	—	—	3	16	4	4	9	1	28	47	4	36	7	—	12	8	1	2	1	—	—	—	—	15	2	2	2	2	247
Swale	—	—	—	—	—	—	—	—	—	3	16	4	4	9	1	14	11	5	21	3	—	3	3	1	2	1	—	—	—	—	10	1	5	1	1	194
Tenterden	—	—	—	—	—	—	—	—	—	3	16	4	4	9	1	41	62	4	32	16	1	17	4	4	2	2	1	—	—	—	19	1	5	1	1	106
Tonbridge	—	—	—	—	—	—	—	—	—	3	16	7	6	30	2	41	62	4	32	16	1	17	4	4	2	2	1	—	—	—	19	1	5	1	1	294
TOTALS IN RURAL DISTRICTS	29	4	5	—	—	—	1	—	10	83	163	70	43	399	24	588	697	106	553	225	4	182	149	40	33	28	33	24	3	41	374	58	75	25	2	4,086
TOTALS IN URBAN DISTRICTS	77	7	23	—	—	2	1	2	25	365	685	297	113	1,442	82	2,087	2,649	320	2,103	769	20	721	659	111	157	73	89	85	10	119	1,172	142	253	147	6	14,895
TOTALS IN COUNTY	106	11	28	—	—	2	2	2	35	418	848	367	156	1,841	106	2,675	3,346	426	2,656	994	24	903	808	151	190	101	122	109	13	160	1,546	200	328	172	8	18,991
Rural Districts	81	0.11	0.14	—	—	—	0.03	—	0.28	2.31	4.53	1.95	1.19	11.09	0.67	16.34	19.37	2.95	15.37	6.25	0.11	5.06	4.14	1.11	0.92	0.78	0.92	0.67	0.08	1.14	10.39	1.61	2.08	0.69	0.06	113.82
Urban Districts	0.59	0.05	0.18	—	—	0.02	0.01	0.02	0.19	2.82	5.29	2.29	0.87	11.14	0.63	16.12	20.46	2.47	16.24	5.94	0.15	5.57	5.09	0.86	1.21	0.56	0.66	0.08	0.92	9.05	1.10	1.95	1.14	0.05	115.05	
Administrative County of Kent	0.64	0.06	0.17	—	—	0.01	0.01	0.01	0.21	2.71	5.13	2.22	0.94	11.13	0.64	16.17	20.22	2.57	16.05	6.01	0.15	5.46	4.88	0.91	1.15	0.61	0.74	0.66	0.08	0.97	9.34	1.21	1.98	1.04	0.05	114.78

Rates per 10,000 population

TABLE 7

Showing the allocation of deaths to causes, in children under one year of age.

Causes of Death	Deaths under One Year of Age		
	1938	1959	1960
Whooping Cough	4	—	—
Meningococcal Infections	2	4	2
Diphtheria	1	—	—
Tuberculosis—Respiratory	1	—	—
—Other Forms	9	—	—
Syphilitic Diseases	4	—	—
Influenza	4	2	—
Measles	4	—	—
Acute Poliomyelitis and Polioencephalitis, Acute Infectious Encephalitis	—	—	—
Malignant Neoplasm—all sites	1	1	—
Intracranial Vascular Lesions	—	—	3
Heart Disease, Diseases of Circulatory System	—	—	1
Bronchitis	19	20	16
Pneumonia	125	41	56
Other Respiratory Diseases	4	1	4
Ulcer of Stomach or Duodenum	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases	92	7	12
Nephritis and Nephrosis	1	—	—
Premature Birth, Congenital malformations, other defined and ill-defined diseases.. .. .	593	377	381
Violence	21	7	13
All Other Causes	—	6	5
All Causes	885	466	493

